Orig Certf. [redacted]

Mining

Copied out of Vol 9 - [redacted]

99833 to 99840 year (1887) see Vol 9

99841 to A-546 - year 1888

A 547 to A-599 - " 1887

A-600 to A-2576 - " 1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

May 3rd 1888

A 2577

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 1st 1888
4. Place of Birth (Street and Number), 533 Chatfield St.
5. Full Name of Mother, R. Woochnette
6. Mother's Maiden Name, R. Kubotte
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Woochnette
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Amend

Address, No 1110 S Wolfe St.

Remarks, —

To be filled out, duly signed by the ... in the form of a certificate, between the first and ... and every month to the office of the Commissioner of Health. In case the ... of any child shall occur ... attendance of a physician or practitioner of midwifery, or should no other person be in attendance, ... ser, immediately thereafter it shall become the duty of the person or persons of such child to report the ... Commissioner of Health, in the manner and within the ... above required, and any such person or ... shall hereafter fail to comply with ... shall be subjected to the fine of ten (10) ... each offence, to be recovered ... recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2578

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* May 1st 1888
4. *Place of Birth (Street and Number),* 244 Preston St
5. *Full Name of Mother,* Maud Richards McCormick
6. *Mother's Maiden Name,* Richards
7. *Mother's Birthplace,* Piedmont Loudoun Co Va
8. *Full Name of Father,* Rev John Newton McCormick
9. *Father's Occupation,* Preacher
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D

Address, 963 Madison Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the ... of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ... the name can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. MAY 10 1968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th A 2579

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 1st 1881

4. Place of Birth, (Street and Number) 1403 Gough St.

5. Full Name of Mother, Mary Donavin

6. Mother's Maiden Name, Mary O'Sullivan

7. Mother's Birthplace, Balto. City

8. Full Name of Father, M. Donavin

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. John F. Hammond M.D.

Address, S.W. Cor. Calvert & Read St

Remarks.

and ordained that every person practising midwifery in the City of Baltimore ... large or Superintendence a birth shall hereafter take place shall keep a true and correct register ... and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) ... color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly ... by the practitioner in the form of a certificate between the first and third day of each and every month to the ... Commissioner of Health. In case the birth of any child shall occur without the attendance of a ... practitioner ... it shall become the duty of the ... or ... or should no other person so in attendance upon the mother immediately thereafter ... report the birth to the Commissioner of Health, in the manner ... within the period above ... and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 2380

1. *Sex (~~state whether male or~~ female)* Name Blanche Ida Watson
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1
4. *Place of Birth (Street and Number)* 127 Pearl St
5. *Full Name of Mother* Margaret Mitchel Watson
6. *Mother's Maiden Name* Margaret Mitchel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alex B Watson
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Paterson N J

Name of Medical Attendant, or other Person who makes this Return. Rich Howard

Address 1205 W Fayette St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd) A 2558

1. Sex, (state whether male or female) Male ✓
2. Race or Color, (if not of the white race) White ✓
3. Date of Birth, May 1st 1888. ✓
4. Place of Birth, (Street and Number) #401 N. Calhoun St ✓
5. Full Name of Mother, Mrs Flora C. Biedler ✓
6. Mother's Maiden Name, Miss Flora C. Bunacher ✓
7. Mother's Birthplace, Luray Va. ✓
8. Full Name of Father, William J. Biedler ✓
9. Father's Occupation, Merchant. ✓
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return H. H. Biedler M.D.

Address, #119 W. Saratoga St

Remarks,

Every Physician, Midwife or other person who shall hereafter take charge of or render assistance at any birth, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period required by the provisions of this section. The Registrar of Births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2582

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 1 May 1888
4. *Place of Birth, (Street and Number)* S.E. cor monument & Chapel st
5. *Full Name of Mother,* Lena Fretburger
6. *Mother's Maiden Name,* Lena Fretburger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oliver Fretburger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address 265 N Washington st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2388

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) male
2. *Race or color,* (*if not of the white race*)
3. *Date of Birth,* May 1, 1888
4. *Place of Birth,* (*Street and Number*) 1607 Walker St. Balto Md
5. *Full Name of Mother,* Augusta Young
6. *Mother's Maiden Name,* Schaeffer
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Henry Young
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Muller

Address, 1605 Walker St. Balto Md.

Remarks,

— J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3554

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* 1 May 1870
4. *Place of Birth,* (*Street and Number*) 106 S Broadway
5. *Full Name of Mother,* Pauline Mackowe
6. *Mother's Maiden Name,* Pauline Tomasin
7. *Mother's Birthplace,* Bohmea
8. *Full Name of Father,* John Mackowe
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kelliher

Address, 207 N Washington

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2586

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 2 May
4. *Place of Birth, (Street and Number)* 21 S. Exeter st
5. *Full Name of Mother,* Annie Lessner
6. *Mother's Maiden Name,* " Roth
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Lessner
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Illig

Address, 1302 Holland St

Remarks,

Baltimore ... charge of superintendence a birth shall ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2586

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 2nd 88
4. *Place of Birth, (Street and Number)* #1515. E. Pratt St
5. *Full Name of Mother,* Mrs Maggie Fogle
6. *Mother's Maiden Name,* Mrs Maggie Ballman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Fogle
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Goetzke

Address, # 114. E. Bond St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2587

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2d 1888
4. Place of Birth (Street and Number)	423 E. Eager St.
5. Full Name of Mother	Annie ~~Schneider~~ O Hara
6. Mother's Maiden Name	" Schneider
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	Patrick O Hara.
9 Father's Occupation	Engineer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W D Booker M D
Address	851 Park Av.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2688

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 2nd 1911
4. Place of Birth (Street and Number),	1139 Hanover
5. Full Name of Mother,	Cecelia E Wiseman
6. Mother's Maiden Name,	" " Reynolds
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thos E Wiseman
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, [illegible] person who [illegible] able Return.	Theodore Cook M.D.
Address,	914 N Charles
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been transferred, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents, parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2589

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 2, 1888
4. *Place of Birth, (Street and Number)* 616 N. Bethel St.
5. *Full Name of Mother,* Mary Lemmler
6. *Mother's Maiden Name,* Sattler
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Chas Lemmler
9. *Father's Occupation,* Yeast Manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1603 Walker St. Balto Md.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer [illegible] Commissioner of Health. In case the birth of any child [illegible] without the attendance of a physician or midwife [illegible] shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 21670

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex.* (State whether male or female) Female
2. *Race or color,* (if not of the white race) White
3. *Date of Birth,* May 3/881
4. *Place of Birth.* (Street and Number) 124 S Chapple at
5. *Full Name of Mother,* Mary Edgel
6. *Mother's Maiden Name.* Mary Edgel
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* George Edgel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Poplett

Address, 207 N Washington ave

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if one shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, 3rd May 1888
4. Place of Birth (Street and Number), 139 Landsdale
5. Full Name of Mother, Ellen Rachel Nicholson
6. Mother's Maiden Name, Rachel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Nicholson
9. Father's Occupation, Broker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C B Gamble M.D

Address, 92 S Cathedral

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately before or after birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 11 1888 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child A 2592

1. Sex, (State whether male or female) Blak female
2. Race or color, (if not of the white race) blak
3. Date of Birth, 3d of May
4. Place of Birth, (Street and Number) Biddle St 1918
5. Full Name of Mother, Emmi Brown
6. Mother's Maiden Name, Willem Brown Cubels
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return.

Address, Emma Maria Mayer on Biddle St 1918

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 26793

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	3rd May
4. Place of Birth, (Street and Number)	222 Forrest Street
5. Full Name of Mother,	Mrs Josephine Louisa Young
6. Mother's Maiden Name,	Josephine Woodland
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Henry Young
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Jordon
Address,	153 East Street
Remarks,	

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A. 2594
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 3d 1898
4. *Place of Birth, (Street and Number)*	707 East St.
5. *Full Name of Mother,*	Martha Lee
6. *Mother's Maiden Name,*	St Mary's Maryland
7. *Mother's Birthplace,*	Ernest Graham
8. *Full Name of Father,*	Barber
9. *Father's Occupation,*	Baltimore Md
10. *Father's Birthplace,*	Ernest Lee Thayer M.D.
Name of Medical Attendant or other person who makes this Return,	City Hospital
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

MAY 10 1898 BALTIMORE CO. MD.

WM. J. L. DU. ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2595

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	May 3rd 1888
4. *Place of Birth,* (Street and Number)	2018 McCulloh St
5. *Full Name of Mother,*	A. H. Cook
6. *Mother's Maiden Name,*	A. Stoll
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	J. H. H. Cook
9. *Father's Occupation,*	Wiper Smith
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return,	Mary Stalls
Address,	903. N. Carlton St.
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health; and in case no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required; and any such person or persons who shall intentionally fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 3 Mar
4. *Place of Birth, (Street and Number)* 1805 Jefferson St
5. *Full Name of Mother,* Sarah Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullig

Address, 1802 Holland

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2597

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 3 May 1885
4. *Place of Birth, (Street and Number)* 117 Duncan alley
5. *Full Name of Mother,* Francis Loener
6. *Mother's Maiden Name,* Francis Loener
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wilian Loener
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koltier

Address, 205 N Washington st

Remarks,

Register of Such Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 25798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (state whether male or female) Male
2. *Race or color,* (if not of the white race) White
3. *Date of Birth,* May 3rd
4. *Place of Birth,* (Street and Number) # 348 S. Broadway.
5. *Full Name of Mother,* Mrs Verna Schultz.
6. *Mother's Maiden Name,* Mrs Verna Agger.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Schultz
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Goetzke

Address, # 114 S. Bond St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2377

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 2nd 1888
4. Place of Birth (Street and Number), 226 Richmond
5. Full Name of Mother, Annie Crouse
6. Mother's Maiden Name, Zeiglear
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Crouse
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. A. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2647

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 3rd
4. *Place of Birth, (Street and Number)* 611½ 1020 Granby Str
5. *Full Name of Mother,* Karoline Ling
6. *Mother's Maiden Name,* Siemons
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Ling
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Schulte

Address, 611½ 528 Washington Str

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2601

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 3rd
4. Place of Birth, (Street and Number) 874 Pierce St
5. Full Name of Mother, Mollie Ahring
6. Mother's Maiden Name, Mollie Arnold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ahring
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A Kunzelt

Address, 620 Mosher St

Remarks,

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered in any other district the full name and number of the street, the date and place of birth as the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A. 2602
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 3/88
4. *Place of Birth, (Street and Number)*	9 Nord Toppleton Street
5. *Full Name of Mother,*	Ricke Leeser
6. *Mother's Maiden Name,*	Ricke De Beer
7. *Mother's Birthplace,*	Emden Germania.
8. *Full Name of Father,*	Adolph Leeser
9. *Father's Occupation,*	Store Dealer
10. *Father's Birthplace,*	Amt, Hagen, Germania.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N. Toppleton St
Remarks,	

BY J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the several particulars required by this schedule, to be furnished by the Commissioner of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child No 4 A 6 29

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 3rd May. 1888

4. Place of Birth, (Street and Number) 202 S Sticker St

5. Full Name of Mother, Mrs Bridget Egan

6. Mother's Maiden Name, Conway.

7. Mother's Birthplace, Wexford. Ireland.

8. Full Name of Father, Mr John Egan

9. Father's Occupation, Police Officer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 S Pennsylvania St

Remarks,

MAY 10 1888 BALTIMORE MD

1891. J. F. SUTTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 2604

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 3rd 1911
4. *Place of Birth (Street and Number),* 1402 N Wyanoke
5. *Full Name of Mother,* Mary Spiegel
6. *Mother's Maiden Name,* " " Goldstein
7. *Mother's Birthplace,* N York
8. *Full Name of Father,* Louis Spiegel
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Theodore Parker M.D.

Address, 1402 N Wyanoke

Remarks,

This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the ... as the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the ... in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 3 May 1888
4. *Place of Birth, (Street and Number)* 126 S Chapple st
5. *Full Name of Mother,* Louise Gier
6. *Mother's Maiden Name,* Louis Gier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Gier
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hoffert

Address 20 N Washington st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2601

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 8 May 1866
4. *Place of Birth, (Street and Number)* 7 S Washington St
5. *Full Name of Mother,* Annie Rhoder
6. *Mother's Maiden Name,* Annie Rhoder
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Eugene Rhoder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Henry Hofstetter

Address, 205 S Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7607

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 4 May 18[illegible]
4. Place of Birth, (Street and Number) 2313 Fayette st
5. Full Name of Mother, Mollie Vincent
6. Mother's Maiden Name, Mollie Vincent
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Vincent
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 205 N Washington st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, the christian and surname of its parents, the date and place of birth, and the [illegible] and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st — A. 7608

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 4th
4. *Place of Birth, (Street and Number)* 1826 E Eager St —
5. *Full Name of Mother,* Jennie M. Hales
6. *Mother's Maiden Name,* " " Fraker
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Robt L Hales
9. *Father's Occupation,* Ex fireman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. W. T. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. A 7509

1. Sex, (State whether male or female) fime.
2. Race or color, (if not of the white race) weit.
3. Date of Birth, 4 Mai.
4. Place of Birth, (Street and Number) 1300 Mk Honroe St.
5. Full Name of Mother. Henriche Hammer
6. Mother's Maiden Name, Henriche Haisir
7. Mother's Birthplace, Langenbach Germaien
8. Full Name of Father. Geog Hammer
9. Father's Occupation, Wirtshaft.
10. Father's Birthplace, Burgeinn Germaien

Name of Medical Attendant, or other person who makes this Return. Mrs Bergt

Address, 1300 Mrs St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

A. 7610

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1848
4. Place of Birth (Street and Number)	#219 Eager St.
5. Full Name of Mother	Annie Finnerty
6. Mother's Maiden Name	" ~~Gettinger~~ Langan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernard Finnerty.
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	M.D. Hartman M.D.
Address	557 Park Av.
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 7610½

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1888
4. Place of Birth (Street and Number)	421 E. Eager st.
5. Full Name of Mother	Annie Finnerty
6. Mother's Maiden Name	" Langan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernard Finnerty
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. D. Booker M D
Address	851 Park Av
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 2611

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 4-88
4. *Place of Birth (Street and Number)* 614 Collett
5. *Full Name of Mother* Mary Elizabeth Roberts
6. *Mother's Maiden Name* " " Belt
7. *Mother's Birthplace* Mt Washington Balto Co Md
8. *Full Name of Father* George Millard Roberts
9. *Father's Occupation* Car Driver
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr Emma Taylor M.D.

Address 619 N. Calhoun St Balto Md

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2612

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 6th 1888
4. Place of Birth, (Street and Number)	1123 Race St Baltimore
5. Full Name of Mother,	Annie Baysroth Clayton
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Clayton
9. Father's Occupation,	Sailor
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	Caroline Moore
Address,	58 W. West St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ART & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 7613

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W. White
3. *Date of Birth,* 4 of May 1888
4. *Place of Birth, (Street and Number)* Baltimore 120 Randall St
5. *Full Name of Mother,* Mary L. Stewart
6. *Mother's Maiden Name,* Mary L. Medcliff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George E Stewart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1824 Byrd St Baltimore

Remarks, Mother and child doing well.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health; in case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 26144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 16. 1888
4. Place of Birth, (Street and Number)	12 N. Washington St.
5. Full Name of Mother,	Mrs. Gertrude Lee Gregoire Dieterlagen
6. Mother's Maiden Name,	Miss Gertrude Lee Gregoire
7. Mother's Birthplace,	Balt. Md.
8. Full Name of Father,	Samuel Cornelius Dieterlagen
9. Father's Occupation,	Painter
10. Father's Birthplace,	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	C. Manville, M.D.
Address,	2020 E. Balt. St.
Remarks,	Natural delivery

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 2-615

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 4 1888
4. Place of Birth, (Street and Number) 503 W Franklin
5. Full Name of Mother Bella Race
6. Mother's Maiden Name Bella Fogle
7. Mother's Birthplace Union Bridge Md.
8. Full Name of Father Chas. T. Race
9. Father's Occupation Railroad Keeper
10. Father's Birthplace Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary A. Tracy

Address 1417 N. Fremont Ave

Remarks

Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 7616

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 4 May 1918
4. Place of Birth, (Street and Number) 405 Duncan alley
5. Full Name of Mother, Mary Mlada
6. Mother's Maiden Name, Mary Boheta
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Mlada
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptisk

Address, 203 N Washington

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 2617

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Color
3. *Date of Birth,* May 4. 1888.
4. *Place of Birth, (Street and Number)* 234 Bradford Aly
5. *Full Name of Mother,* Florence cooper
6. *Mother's Maiden Name,* Florence stevenson
7. *Mother's Birthplace,* Rockmoke Coty
8. *Full Name of Father,* William H. Cooper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mary Ridley

Address, 234 Bradford Aly

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class so report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH

WM. C. BULLAN & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7618

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, May 4th
4. Place of Birth, (Street and Number) Hanover alley 241
5. Full Name of Mother,
6. Mother's Maiden Name, Mary A Ellis
7. Mother's Birthplace, North Point Bal Co Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return Mrs Lura L. Easter

Address, 10 Hamilton St

Remarks,

Health. This Schedule is to be filled out by the Midwife who shall have attended upon the birth, or have rendered professional care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2619

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4. 1885
4. Place of Birth (Street and Number)	719 N.E. Biddle St.
5. Full Name of Mother	Celestia Bowen
6. Mother's Maiden Name	" Evans.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	John B. Bowen
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	John J. Crosby.
Address	1405 Pulaski St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE MD

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7620

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*State whether male or female*) Boy
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* 4 May 1880
4. *Place of Birth,* (*Street and Number*) 3 Lombard st
5. *Full Name of Mother,* Jennie Baur
6. *Mother's Maiden Name,* Jennie Baur
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Baur
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kepler

Address, 203 N Washington st

Remarks,

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of the parents, the date and place of birth, and the name and residence and duty signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 2624

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 5th 1888

4. Place of Birth, (Street and Number) Fourth & Caroline Sts

5. Full Name of Mother, Kate Good

6. Mother's Maiden Name, Grant

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph M. Good

9. Father's Occupation, Coal Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. D. Snyder M.D.

Address, 711 N. Caroline St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE MD. MAY 10 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child A. 7627
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white Race
3. *Date of Birth*	Fifth day of May
4. *Place of Birth (Street and Number)*	No 206 Madeira Alley
5. *Full Name of Mother*	Mary B. Fischer
6. *Mother's Maiden Name*	Mary E. Hirsch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Fischer
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Prince Four Hesse Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. Thelen
Address	
Remarks	No 206 Madeira Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2623

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 5th. 1885
4. *Place of Birth, (Street and Number)*	Diamond St. 122
5. *Full Name of Mother,*	Anne Mary Gerdes
6. *Mother's Maiden Name,*	Anne Mary Hardy
7. *Mother's Birthplace,*	Lancaster Pa.
8. *Full Name of Father,*	Charles Gerdes
9. *Father's Occupation,*	Bookbinder
10. *Father's Birthplace,*	Marl, Westfalia, Germany
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Broadway St
Remarks,	

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS 1885 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child. If any child shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...I. C. SCHAFF & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first A. 2623
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 5th. 1885
4. *Place of Birth, (Street and Number)*	Diamond St. 122
5. *Full Name of Mother,*	Anne Mary Gerdes
6. *Mother's Maiden Name,*	Anne Mary Hardy
7. *Mother's Birthplace,*	Lancaster Pa.
8. *Full Name of Father,*	Charles Gerdes
9. *Father's Occupation,*	Bookbinder
10. *Father's Birthplace,*	Marl, Westfalia, Germany
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N. Appleton St.
Remarks,	

MAY 1 1928 BALTIMORE MD

J. C. KILLAM & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A. 2624

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, May 5th, 1911
4. Place of Birth, (Street and Number) 2018 E. Eutaw
5. Full Name of Mother, Annie M. Bergman
6. Mother's Maiden Name, Lawley
7. Mother's Birthplace, Md.
8. Full Name of Father, Francis Bergman
9. Father's Occupation, Salesman
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. L. L. Mott Jno

Address, 2260 Bway

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any such have been vouchsafed), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child A. 2625
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	Black ~~White~~
3. Date of Birth,	5th of May 1888
4. Place of Birth (Street and Number),	223 North Durham street
5. Full Name of Mother,	Emma Gray
6. Mother's Maiden Name,	Emma Brian
7. Mother's Birthplace,	Talbert County Md.
8. Full Name of Father,	John T. Brian
9. Father's Occupation,	Sexon of St Cemetery,
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Deliget

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7626

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	5 May
4. *Place of Birth, (Street and Number)*	206 Henrietta St
5. *Full Name of Mother,*	Merry annia Schoolden
6. *Mother's Maiden Name,*	wahla
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	Benj Franklin Schoolden
9. *Father's Occupation,*	Boiler Shop
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katty mink
Address,	leadenhall st
Remarks,	6 months 2 ours

Health. This Schedule shall be filled out by the person who has charge of the house where the birth occurs, or in case the birth occurs elsewhere than at the house of the parents, then by the person who has charge of the house where the parents reside at the time of the birth, and in case the birth occurs in a public institution, then by the superintendent or other officer in charge thereof. In case no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 7627

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 6th 1888
4. Place of Birth (Street and Number), No 1621 Patapsco st
5. Full Name of Mother, Leah Bollman
6. Mother's Maiden Name, Leah Board
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christoper Bollman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hammond

Address, No 1517 Byrd st

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child. (If any child have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule [illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th — A 7628
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 6th
4. *Place of Birth, (Street and Number)*	Caroline St. bet Penn
5. *Full Name of Mother,*	Mary Burton
6. *Mother's Maiden Name,*	Mary McCarty
7. *Mother's Birthplace,*	Trenton N.J.
8. *Full Name of Father,*	Fred: Burton
9. *Father's Occupation,*	Potter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return.	Edw. Sloane
Address,	1212 E. Monument
Remarks,	City

...ct of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month during the time of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Kerpay & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd A 7624

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* may 6th
4. *Place of Birth, (Street and Number)* 326 N Fremont ave
5. *Full Name of Mother,* Annie M Tiemann
6. *Mother's Maiden Name,* " " ~~Boehm~~ Boehm
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred W. Tiemann
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. W F Bell M D

Address, 1001 E Lanvale ave

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Jean Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Un A 2630

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* May the 1st 15
4. *Place of Birth (Street and Number),* 1711 Hanover St
5. *Full Name of Mother,* Sday Hill.
6. *Mother's Maiden Name,* Sday. Schaffer.
7. *Mother's Birthplace,* Pensdvania.
8. *Full Name of Father,* Chas Hill.
9. *Father's Occupation,* Engineman B. & O. R. R.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Annarie Godler

Address, 1703 Hanover St

Remarks, Baltimore Md

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. [illegible] any child at any house without the attendance of a physician or practitioner [illegible] any person [illegible] in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] the period above [illegible], and any such [illegible] persons who shall hereafter fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

MAY 11 1903

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2631

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	White
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 5th 98
4. Place of Birth (Street and Number),	1245 Light St
5. Full Name of Mother,	Kate M. Whitacre
6. Mother's Maiden Name,	" J " Simmons
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ray O. Whitacre
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Theodore Parker M.D.
Address,	1245 Charles St
Remarks,	

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents, parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12632

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 7 1888
4. Place of Birth (Street and Number),	4 E. N. Ave
5. Full Name of Mother,	Carrie Maldeis
6. Mother's Maiden Name,	" Miller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Albert H. Maldeis
9. Father's Occupation,	Coach trimmer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Davis Steele M.D.
Address,	403 N. Exeter
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. If any child have been born since the last return, and no return of its birth shall have been made, the date and place of birth, and the said schedule shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child A. 2633
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	7th of May 1888
4. Place of Birth (Street and Number),	2419 East Monument St.
5. Full Name of Mother,	Theresa Kaufman
6. Mother's Maiden Name,	Theresa Beisler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benhart Beisler
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Cesarina Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the mother of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7 Child

1. *Sex, (State whether male or female)* Male **A** 2634
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* No 7 day of May 1885
4. *Place of Birth, (Street and Number)* No 612 33 Street Parkwood
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Mary Simmons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lloyd Hall
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm C. Jones

Address, No 102 Parkwood

Remarks, Total Ind

1885

Births and Deaths to be registered. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month in the case of births and deaths occurring in the city during the preceding month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (State whether male or female) Male A 2635
2. Race or color, (if not of the white race) White
3. Date of Birth, The 7 of May 1864
4. Place of Birth, (Street and Number) No 215 E Eutaw St
5. Full Name of Mother, Mary Ann Boyd
6. Mother's Maiden Name, Mary Ann Boyd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Boyd
9. Father's Occupation, Watchman
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return. Dr Lizzie Preston

Address, No 1034 Maryland Ave

Remarks, Bal Md

1884

If any child born in this city shall not have been named within six months after birth, the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2636

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 -

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1888
4. Place of Birth, (Street and Number) 2002 Goodmans Alley
5. Full Name of Mother, Tilley Gaines
6. Mother's Maiden Name, Tilley Myers
7. Mother's Birthplace, Virginia
8. Full Name of Father, Louis Gaines
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 58 W. West St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 2637

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, 8th May
4. Place of Birth, (Street and Number) 13th district Balto. County
5. Full Name of Mother, Fanny Higdon
6. Mother's Maiden Name, Fanny Pring
7. Mother's Birthplace, Bristol. England.
8. Full Name of Father, Thomas Edward. Higdon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Cross St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A. 1638

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* May 8th 11 40 A M. White
3. *Date of Birth,* May 8th 11 40 A M. 1888
4. *Place of Birth, (Street and Number)* 1002 N Amm St
5. *Full Name of Mother,* Emma Cornelia Talbott
6. *Mother's Maiden Name,* Emma Creamer
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm. Tillman Talbott
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address, 1701 E Baltimore St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such parent to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth **A** 2639
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	jew
3. *Date of Birth,*	May 8th 1888
4. *Place of Birth, (Street and Number)*	516 Conway Street
5. *Full Name of Mother,*	Henriette Brown
6. *Mother's Maiden Name,*	Henriette Weisenstein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leopold Brown
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Alexander Schleifer
Address,	641 S. Paca Street
Remarks,	

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2640

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 8th 188
4. Place of Birth, (Street and Number)	226 ½ Exeter St
5. Full Name of Mother,	Margaretta Harris
6. Mother's Maiden Name,	" Mackner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Harris
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

BOARD OF HEALTH BALTIMORE MD.

been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 2641

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, 8 May
4. Place of Birth, (Street and Number) 814 Little Monument Street
5. Full Name of Mother, georgania Small
6. Mother's Maiden Name, georgania Dounds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Moses Ed Small
9. Father's Occupation, hard laber
10. Father's Birthplace, Easton Share tal Bult county

Name of Medical Attendant, or other person who makes this Return. gradical harise

Address, 334 Moore ally

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2642

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 5th 1888
4. *Place of Birth, (Street and Number)*	173 Raborg st
5. *Full Name of Mother,*	Sarah Ewbank
6. *Mother's Maiden Name,*	Mayfield
7. *Mother's Birthplace,*	Petersburg Va
8. *Full Name of Father,*	Albert Ewbank
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	Charles Proctor
Address,	5 Chantaut
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health within ten days after the end of the month to which it relates. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 26473

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 8 1888
4. *Place of Birth, (Street and Number)* 603 N Chapple St
5. *Full Name of Mother,* Mary Fuchs
6. *Mother's Maiden Name,* Mary Hala
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Hala
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Koplish

Address, 207 N Washington St

Remarks,

Note: The above set forth as far as the space can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BAILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 2644

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, May 9th 1888
4. Place of Birth, (Street and Number) 1st 140 N. Washington St.
5. Full Name of Mother, Mary Amelie Baer.
6. Mother's Maiden Name, Mary Amelie Gundersdorff
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael Baer.
9. Father's Occupation, Hamers Maker.
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return. Jno M. Lumber.

Address, 217 N Schroeder St. City.

Remarks,

conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. HOLLY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1, Child of A. 2645
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 9 — 1888.
4. *Place of Birth, (Street and Number)*	107 Little Church st.
5. *Full Name of Mother,*	Lizzie Mc Kellie.
6. *Mother's Maiden Name,*	Keim.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Mc Kellie.
9. *Father's Occupation,*	Black-smith.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return	J. Lohmasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MULVANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. A. 2646

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 9th 1888
4. *Place of Birth (Street and Number),* Baltimore 1634 E Pratt St
5. *Full Name of Mother,* Louisa S. Wallace
6. *Mother's Maiden Name,* Louisa S. Bowling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. A. Wallace
9. *Father's Occupation,* ~~Baltimore~~ Can Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 1829 E Pratt Street Baltimore Md.

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 2647
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 9th 188[illegible]
4. *Place of Birth, (Street and Number)*	104 N. Eden St.
5. *Full Name of Mother,*	Annie Kaus
6. *Mother's Maiden Name,*	Simpson
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Thos. Kaus
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

HEALTH DEPARTMENT, BALTIMORE, MD.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month on the date of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2648

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 4 1888
4. Place of Birth (Street and Number),	116 N Watt
5. Full Name of Mother,	Louis Karr
6. Mother's Maiden Name,	" —
7. Mother's Birthplace,	Va —
8. Full Name of Father,	John Karr
9. Father's Occupation,	Cutter (Glove)
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Davis Thrift MD
Address,	403 N. Eden St
Remarks,	

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

A. 2649

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 9th, 1888,
4. *Place of Birth* (Street and Number) 620 N. Chas. St.
5. *Full Name of Mother* Mary A. Smith.
6. *Mother's Maiden Name* Mary A. Schwarz
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Fredrick Smith,
9. *Father's Occupation* Merchant
10. *Father's Birthplace* S. Carolina

Name of Medical Attendant, or other Person who makes this Return. Edwin Tracks, M.D.

Address 712 Park Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child B. 7500
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 10 1888.
4. *Place of Birth, (Street and Number)*	28 Pottney st
5. *Full Name of Mother,*	Mary Waltesper.
6. *Mother's Maiden Name,*	Galleger. ~~Galleger~~
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Waltesper.
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. O'DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third **A.** 2657
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 10/88
4. *Place of Birth, (Street and Number)*	No. 623 Conway st
5. *Full Name of Mother,*	Louisa Aschelmeyer
6. *Mother's Maiden Name,*	Louisa Troeltzer
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Christopher Aschelmeyer
9. *Father's Occupation,*	"Regular Tramp"
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangle
Address,	711 Cross St.
Remarks,	

shall, and shall set forth as far as the same can be ascertained, the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 2652

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1898
4. *Place of Birth, (Street and Number)* 1058 Grenhurt St.
5. *Full Name of Mother,* Elkie
6. *Mother's Maiden Name,* " Glazer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Rubin Schoenfeld
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. P. Kaplan

Address, 107 Broad Street

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. G. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A. 2653
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 10 1888
4. Place of Birth (Street and Number),	Hull St Num 1319
5. Full Name of Mother,	Wina King
6. Mother's Maiden Name,	Wina Ellman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles King
9. Father's Occupation,	Cabton
10. Father's Birthplace,	New York ~~New York~~
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first A. 2654

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 16 th 1874
4. Place of Birth, (Street and Number) Lair-anon-on 2232 E Pr
5. Full Name of Mother, Julia L White
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, Joseph A White
9. Father's Occupation, Morrison
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr Mansfield

Address, Nurse at Donnanpor 225 Aisquith

Remarks, Mother and Babe doing well

Every Physician or Midwife who shall have charge of any case of birth occurring under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 2655
1. *Sex, (~~state whether male or~~ female)*	
2. *Race or color, (~~if not of the~~ white race)*	
3. *Date of Birth,*	May 10th 1888.
4. *Place of Birth, (Street and Number)*	38 S. High St.
5. *Full Name of Mother,*	Mattie A Jenkins.
6. *Mother's Maiden Name,*	Hogard.
7. *Mother's Birthplace,*	Indiana
8. *Full Name of Father,*	Charles C. Jenkins.
9. *Father's Occupation,*	Pilot
10. *Father's Birthplace,*	Balto city.
Name of Medical Attendant, or other person who makes this Return.	J. Ridgway Andrè M.D.
Address,	No 1123 E Balto. st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in [illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 2658

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 10 - 88 -
4. *Place of Birth, (Street and Number)*	1109 N. Caroline St
5. *Full Name of Mother,*	Hannie Alvey Remicker
6. *Mother's Maiden Name,*	Bulls
7. *Mother's Birthplace,*	Cornelius Alvey
8. *Full Name of Father,*	Farmer
9. *Father's Occupation,*	St Mary's Co.
10. *Father's Birthplace,*	Druggist Clerk
Name of Medical Attendant, or other Person who makes this Return	1207 Monument St
Address,	
Remarks,	

"Within six days after birth, stating carefully the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. GUARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 2607

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1888
4. Place of Birth (Street and Number)	631 N. Paca St.
5. Full Name of Mother	Annie Rowan Beecher
6. Mother's Maiden Name	Mann
7. Mother's Birthplace	Balto Md
8. Full Name of Father	J. Gregg Beecher
9. Father's Occupation	Insurance Solicitor
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Alfred Doyle M.D.
Address	814 Madison St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2658

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* May 11 – 88
4. *Place of Birth (Street and Number),* Andre St. 1459
5. *Full Name of Mother,* Lavinia Norris
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Harford County – Md.
8. *Full Name of Father,* Louis Norris
9. *Father's Occupation,* Coppersmith
10. *Father's Birthplace,* Anne Arundel – Co

Name of Medical Attendant, or other person who makes this Return. Johanne Jorske

Address, Garrett Ave 1303 Locust Point

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born since the last return,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A v. 609
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 11th 1885
4. Place of Birth, (Street and Number)	715 N Caroline St.
5. Full Name of Mother,	Sophie Schroeder
6. Mother's Maiden Name,	" Mueller
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Geo. Schroeder
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD.

Item conferred its sex, color, the full name and occupation of its parents, the date and place of birth of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DUGANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 2660
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 11. 1888.
4. Place of Birth (Street and Number),	Cookside St No 1109.
5. Full Name of Mother,	Eva Shwenke
6. Mother's Maiden Name,	Eva Lange
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wilhelam Shwenke
9. Father's Occupation,	Labear
10. Father's Birthplace,	Germina
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Eutaw St
Remarks,	Baltimore

...ertificate, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child male

A 2661

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday 7th 11
4. Place of Birth, (Street and Number) Medary Aly 518
5. Full Name of Mother, Mary Washington
6. Mother's Maiden Name, Mary Staton
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Lee Washington
9. Father's Occupation, Labor
10. Father's Birthplace, Northf Va

Name of Medical Attendant, or other Person who makes this Return. Susan Hopper

Address, 218 Bethel St.

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, May 11th " 1888
4. Place of Birth (Street and Number), 505 Hargrove Al.
5. Full Name of Mother, Henritta ~~Bailey~~ Bell
6. Mother's Maiden Name, " Bailey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas Bell
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E Hamilton St

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d A. 2663

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 11th 1898
4. Place of Birth, (Street and Number) Eyough st 2030 Rear
5. Full Name of Mother, Annie L Waldron
6. Mother's Maiden Name, Regan
7. Mother's Birthplace, Delaware
8. Full Name of Father, James Waldron
9. Father's Occupation, Engineer
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return. Dr Rae

Address, Mrs M A Davenport 225 s

Remarks, Mother & Babe doing well

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child **A** 2664
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	11th of May 1888
4. Place of Birth (Street and Number),	1630 East Lombard Street
5. Full Name of Mother,	Maggie Linch
6. Mother's Maiden Name,	Maggie Ballod
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Tivizza Ballod
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2665

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 1 May 1880
4. *Place of Birth, (Street and Number)* 825 Durham st
5. *Full Name of Mother,* Annie Pokany
6. *Mother's Maiden Name,* Annie Bach
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Pokany
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Chas Hofstat

Address, 20 N Washington st

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2566

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 12 May
4. *Place of Birth, (Street and Number)* 614 Lombard St
5. *Full Name of Mother,* Mary Maus
6. *Mother's Maiden Name,* Mary Maus
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Maus
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptos

Address, 205 N Washington St

Remarks,

be registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 A. 2667

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 12 1888
4. Place of Birth (Street and Number),	Cuba St No. 1615
5. Full Name of Mother,	Annie Mcnally.
6. Mother's Maiden Name,	Annie Croghan
7. Mother's Birthplace,	Irland
8. Full Name of Father,	Edward Mcnally.
9. Father's Occupation,	Labour
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2668

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 12th 1888
4. *Place of Birth (Street and Number),* 107 E. Hamilton St
5. *Full Name of Mother,* Sarah Birch
6. *Mother's Maiden Name,* Golden
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Willis Birch
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Georgia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St.

Remarks,

forfeit, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth A 2669

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) dark brown skin
3. Date of Birth, 12 of May 1885
4. Place of Birth, (Street and Number) Sarah ann st 605
5. Full Name of Mother, Cornelia Curtis
6. Mother's Maiden Name, Cornelia parker
7. Mother's Birthplace, City
8. Full Name of Father, James Curtis
9. Father's Occupation, Wood carver
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address, 616 Clinton avenue

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A 2670

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 12th
4. *Place of Birth, (Street and Number)* 807 Franklin
5. *Full Name of Mother,* Billie Wolffe
6. *Mother's Maiden Name,* " Dilworth
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Earnest Wolffe
9. *Father's Occupation,* (Life) Insurance
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. W. T. Dill M.D.

Address, 1001 E. Edmondson Ave

Remarks,

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2671

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	The 12 of May 1884
4. *Place of Birth, (Street and Number)*	No 1042 Central Ave
5. *Full Name of Mother,*	Mary Reed
6. *Mother's Maiden Name,*	Mary Bryant
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Reed
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm C. Lucas
Address,	1042 Central Ave
Remarks,	Bal Md. 1884

BALTIMORE MD.

J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

Each child born alive, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician, midwife or person in charge of the case, at the time of registration of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2-672

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth May 12, 1888.
4. Place of Birth, (Street and Number) 127 S. Charles St.
5. Full Name of Mother, Ellen Scannell
6. Mother's Maiden Name, Mc Garrith
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Wm Scannell
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarbrough.

Address, 15 E. Montgomery St.

Remarks,

BALTIMORE CITY

...ist of the births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex and color of each child (if any shall have been delivered), race, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly sworn by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 2673

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex.* (*state whether male or female*) male
2. *Race or Color.* (*if not of the white race*) white
3. *Date of Birth,* May 12
4. *Place of Birth.* (*Street and Number*) 707 Harlem Ave
5. *Full Name of Mother.* Mary Virginia Scott
6. *Mother's Maiden Name.* Patrick
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Wm Hamilton Scott
9. *Father's Occupation,* Furniture dealer
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return John P Hamilton M.D.

Address, 924 Dulaney St

Remarks.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first one A. 26744

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) yellow

3. Date of Birth, 12th of May 1888

4. Place of Birth, (Street and Number) Sarahann st 632

5. Full Name of Mother, Mary Jane Johnson

6. Mother's Maiden Name, not maried

7. Mother's Birthplace, City

8. Full Name of Father, William Parker

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, 12 E Clinton ave

Remarks,

Section 1. Be it enacted, That the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child A 2 675
1. *Sex, (State whether male or female).*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 13 — 1888.
4. *Place of Birth, (Street and Number)*	167 Patapsico st.
5. *Full Name of Mother,*	Susana Hegs
6. *Mother's Maiden Name,*	Friedrich.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Hess.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	G. Lohrasser Midwife
Address,	1032 Hanover st.
Remarks,	

...Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the physician or midwife in attendance upon any birth, to report to the Commissioner of Health, the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. D. ULRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2676

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 10 May 1885
4. *Place of Birth, (Street and Number)* 411 Griffins Court
5. *Full Name of Mother,* Annie Adick
6. *Mother's Maiden Name,* Annie Heil
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chris Heil
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Fiehst

Address, 205 N Washington Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUNBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2677

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 13 May '88
4. *Place of Birth, (Street and Number)* 1732 Thames St
5. *Full Name of Mother,* Julien Mates
6. *Mother's Maiden Name,* Julien Rose
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jakob Rose
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. May Koptist

Address, 205 N Washington St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. GALAWAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2-678

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Mary
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Bohemia 13 May 1888
4. *Place of Birth, (Street and Number)* 140 Chapel St
5. *Full Name of Mother,* Mary Kapitan
6. *Mother's Maiden Name,* Mary Kapitan
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Kapitan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kapitan

Address, 205 N Washington St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall intentionally fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d. A 2679
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	May 13/88
4. *Place of Birth, (Street and Number)*	No. 2000. Light St.
5. *Full Name of Mother,*	Kate. Mariner
6. *Mother's Maiden Name,*	Rehstach
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	W. H. Mariner
9. *Father's Occupation,*	Can. Maker
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie, Evans
Address,	No. 1714. Light St.
Remarks,	

...rate and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the pains or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2680

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, ~~1624 Harford Ave.~~ May 14, 1888
4. Place of Birth, (Street and Number) 1624 Harford Ave.
5. Full Name of Mother, Annie Robison
6. Mother's Maiden Name, Fragesser
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Robison
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto Md.

Remarks,

... been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... O. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 268
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 14th 1888
4. *Place of Birth, (Street and Number)*	706 Josephine Court
5. *Full Name of Mother,*	Annie Elizabeth Johnson
6. *Mother's Maiden Name,*	" Jamil
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Alexander Johnson
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	P. Leyiddis M.D.
Address,	406 Mulberry St
Remarks,	

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SALAKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be first and third day of each and every month to the Office of the Commissioner of Health. In case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th of May 188[illegible]
4. *Place of Birth, (Street and Number)*	145 Forest St
5. *Full Name of Mother,*	Catharine Wack
6. *Mother's Maiden Name,*	Catharine Zirk
7. *Mother's Birthplace,*	Balte. County
8. *Full Name of Father,*	Wm Wack
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balte City
Name of Medical Attendant. or other Person who makes this Return.	Mrs Sarah Worden
Address,	936 Lancaster st
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2653

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	May 22
4. *Place of Birth, (Street and Number)*	Eday st 19 S
5. *Full Name of Mother,*	Sicily Cooper
6. *Mother's Maiden Name,*	Sicily Holloway
7. *Mother's Birthplace,*	Saint Marys County
8. *Full Name of Father,*	Frank [illegible] Cooper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Saint marys County
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address,	Clinton ave 616
Remarks,	

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White A. 26614

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 15th May 1888
4. Place of Birth, (Street and Number) 919 Carline
5. Full Name of Mother, Mary Hartnet
6. Mother's Maiden Name, Mary Hartnet
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kleaka
9. Father's Occupation, Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hoffnet

Address, 207 N Washington St

Remarks,

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall have occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as required by the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A. 7685

1. Sex, (state whether male or female) Mädchen
2. Race or color, (if not of the white race) Weiße
3. Date of Birth, 15 te Mai 1855
4. Place of Birth, (Street and Number) Westend Place N. 1813
5. Full Name of Mother, Barbara Engelhart
6. Mother's Maiden Name, Eichhorn
7. Mother's Birthplace, Germanien
8. Full Name of Father, Jacob Engelhart
9. Father's Occupation, Kaufmann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Kirk Street 160 Caroline Street

Remarks,

BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 2686

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* May 15th
4. *Place of Birth, (Street and Number)* No. 1015 E. Lanvale St.
5. *Full Name of Mother,* Leggie Brieff
6. *Mother's Maiden Name,* Applelin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Brieff
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Schulte

Address, No. 52 S. Washington St.

Remarks,

Physician to state the exact place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A. 2657
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 15th
4. Place of Birth (Street and Number),	1304 Garrett Avenue L. P.
5. Full Name of Mother,	Maggie Gibson
6. Mother's Maiden Name,	Maggie Davidson
7. Mother's Birthplace,	Glasgow Scotland
8. Full Name of Father,	Geo Gibson
9. Father's Occupation,	Mariners
10. Father's Birthplace,	Belgium
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel No 1614
Address,	Baltimore
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child [illegible]
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 16 — 1888
4. Place of Birth, (Street and Number)	814 Butler's alley.
5. Full Name of Mother,	Mary Fischer.
6. Mother's Maiden Name,	Dettmar.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fred Fischer.
9. Father's Occupation,	Tinner.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4' A 2259

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 16th 1888
4. Place of Birth (Street and Number), No 144 Randell st
5. Full Name of Mother, Laura Billson
6. Mother's Maiden Name, Laura Norris
7. Mother's Birthplace, Sandy Hook md
8. Full Name of Father, Harry L Billson
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Martinsburg Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1616. N. Charles st

Remarks,

The same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first A 2641
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16/98
4. *Place of Birth, (Street and Number)*	1123 Light St.
5. *Full Name of Mother,*	Elizabeth Steinmiller
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Paul F. Obrecht
9. *Father's Occupation,*	Feed Dealer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	J. H. Smith M.D.
Address,	909 S. Charles St.
Remarks,	

The same shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child. A 2691

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 16 th of May
4. *Place of Birth (Street and Number)* No 533 Main st.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Kate Kern.
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* Edward. K. Kendrick.
9. *Father's Occupation* Hatter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Teresa Zeller

Remarks No 558 Beddel. Alley.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	1st A. 2192
1. Sex (~~state whether~~ male ~~or female~~),	
2. Race or Color (~~if not of the~~ white race),	
3. Date of Birth,	May 16th 88.
4. Place of Birth (Street and Number),	538 No Broadway
5. Full Name of Mother,	Jessie H. Boland
6. Mother's Maiden Name,	Jessie F. Murray
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Thomas B. Boland.
9. Father's Occupation,	Druggist.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	John J. R. Wood. M.D.
Address,	662. W. Lexington St.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th & 5th A. 2693

1. Sex, (~~state whether male or~~ female) Females = "Twins"
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1888 = 7 10 P.M.
4. Place of Birth, (Street and Number) N. E. Cor Granby & High Sts
5. Full Name of Mother, Louisa Dittman
6. Mother's Maiden Name, " Bess
7. Mother's Birthplace, Md
8. Full Name of Father, Frederick Dittman
9. Father's Occupation, Clerk
10. Father's Birthplace. Md.

Name of Medical Attendant, or other Person who makes this Return A. Freistherfer M.D.

Address, 1102 E. Balto St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th B. A. 694

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 16th
4. Place of Birth, (Street and Number) 533 Pierce St
5. Full Name of Mother, Mrs Johanna Thomas
6. Mother's Maiden Name, " Brooks
7. Mother's Birthplace, N. Y. City
8. Full Name of Father, Julius Thomas
9. Father's Occupation, Mattress Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. W. F. Hill M.D.

Address,

Remarks,

The full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or person required to make the same, to the Office of the Commissioner of Health, within the first and third day of each and every month; and a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2695

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 16th 1888
4. *Place of Birth (Street and Number),* #618 Ensor St.
5. *Full Name of Mother,* Annie Beever
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John B Beever
9. *Father's Occupation,* Hardware Store
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1838 E. Monument St

Remarks, Premature Birth (7 months)

...ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A. 2696
1. *Sex, (state whether male or female)*	Mail Child
2. *Race or color, (if not of the white race)*	White Child
3. *Date of Birth,*	Born 16 Day of may
4. *Place of Birth, (Street and Number)*	Baltimore 1006 West Pratt st
5. *Full Name of Mother,*	Mrs Mollie O Gorman
6. *Mother's Maiden Name.*	Miss Mollie Hughes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John O Gorman
9. *Father's Occupation,*	labore
10. *Father's Birthplace,*	Emice County Claire irland
Name of Medical Attendant, or other person who makes this Return.	Susan Hughes
Address,	23 a S Payne Baltimore St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, in the recovered as other fines and forfeitures are recovered.

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any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 2647

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 17th 1885

4. Place of Birth, (Street and Number) 805 Augusta Street

5. Full Name of Mother, Ella C. Hill

6. Mother's Maiden Name, " Lankford

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William T. Hill

9. Father's Occupation, Collector

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return James Bolington M.D.

Address, 819 Augusta St

Remarks,

& ... CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-1-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Belle Anderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 2698

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 17. 1888.
4. Place of Birth (Street and Number), 539 Dolphin
5. Full Name of Mother, Jennie Anderson
6. Mother's Maiden Name, High
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Jno. G. Anderson
9. Father's Occupation, Can Maker.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

GIVEN NAME ADDED 5-22-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Maggie Clagett

A 2699

This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 17th 1918
4. Place of Birth (Street and Number),	619 N. Wolfe
5. Full Name of Mother,	Mary E. Clagett
6. Mother's Maiden Name,	" " Engleking
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Wade E. Clagett
9. Father's Occupation,	Custom House official
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	David Scott M.D.
Address,	408 N. Exeter St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2700

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	1st of May 1888
4. Place of Birth, (Street and Number)	No 452 Bloxford Ave
5. Full Name of Mother,	Anna Bayless
6. Mother's Maiden Name,	Anna Lowry
7. Mother's Birthplace,	New York
8. Full Name of Father,	Thomas Bayless
9. Father's Occupation,	Judge
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	Dr Wm H. Garfield Cary
Address,	Balt Md
Remarks,	1888
	Mrs Ch. Lowry

Each Child born alive in Baltimore City, or whose birth occurs in Baltimore City, shall be registered as to its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. MURPHY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 14. 1885
4. *Place of Birth, (Street and Number)* 354 N. Front St.
5. *Full Name of Mother,* Mrs. Isabella Swick Oisbach
6. *Mother's Maiden Name,* Mrs Isabella Swick
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Nicholas Frank Oisbach
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. C. C. Rank M. D.

Address, 1200 E. Balt. St.

Remarks, Natural delivery

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh. A 2702

1. Sex, (State whether male or female) Female,
2. Race or color, (if not of the white race)
3. Date of Birth, May 19. 1888
4. Place of Birth, (Street and Number) ~~1436~~ 2136 E. Fairmount St.
5. Full Name of Mother, Mrs. Margaret Ann Deaver Clayton
6. Mother's Maiden Name, Wife Margaret Ann Deaver
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, James Phillip Clayton
9. Father's Occupation, Stair Case Builder
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. C. A. Leach M.D.

Address, 1900 E. Balt. St.

Remarks, Natural delivery

months, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 A 2703
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 20th 1888
4. *Place of Birth, (Street and Number)*	Ce 40
5. *Full Name of Mother,*	Ellen Gough
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	St Mary Co. Md
8. *Full Name of Father,*	George Gough
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	St Mary Co. Md
Name of Medical Attendant, or other Person who makes this Return	Mary J. Thompson
Address,	655 Josephine St
Remarks,	

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of stillborn children and cases of impassable quarantine, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th) A. 2704
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 21st 88
4. *Place of Birth (Street and Number)*	1 East St Court. Balto
5. *Full Name of Mother*	Sydney Maers Nee Peace
6. *Mother's Maiden Name*	Sydney Peace
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Lewis Maers
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine de Courcy
Address	403 Lewis St
Remarks	Healthy Child

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3705

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4) child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 5th 1888
4. Place of Birth, (Street and Number) No. 1207 Holland St.
5. Full Name of Mother, Maggie Cook
6. Mother's Maiden Name, Rock
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward A. Cook
9. Father's Occupation, Potter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 1139 N. Central Ave.

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said statistics shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2706

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1888
4. *Place of Birth (Street and Number)* 1629 McCulloh
5. *Full Name of Mother* Blanche Schlessinger
6. *Mother's Maiden Name* Blanche Weinberger
7. *Mother's Birthplace* Balt. Md
8. *Full Name of Father* Jos. Schlessinger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* N. Y.

Name of Medical Attendant, or other Person who makes this Return. Thos. B. Latimer

Address 213 Eutaw Place

Remarks Chloroform last stage. Forceps. Lacerated perineum 2nd Degree.

...ge at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 707

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	May 10th 1898
4. Place of Birth (Street and Number),	119 Clark st
5. Full Name of Mother,	Hattie Perkens
6. Mother's Maiden Name,	Hattie Hardly
7. Mother's Birthplace,	Kent Ireland
8. Full Name of Father,	albert perkens
9. Father's Occupation,	Labor
10. Father's Birthplace,	Kent county
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	607 S. Howard st
Remarks,	five dollars

Any person, in the first instance, giving the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2,704

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 10 May 1880
4. Place of Birth, (Street and Number) 2211 Washington st
5. Full Name of Mother, Maggie Mohle
6. Mother's Maiden Name, Maggie Hirsteter
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakob Mohle
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hofstetter

Address, 205 N Washington st

Remarks,

Every person who shall be present at the birth of any child, shall ascertain the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. TRUSTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2709

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 10 May 1898
4. Place of Birth, (Street and Number) 205 N Washington St
5. Full Name of Mother. Mary Bazatia
6. Mother's Maiden Name, Mary Zziecka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jan Bazatia
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, 205 N Washington St

Remarks,

Births shall be registered as soon after the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2710

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 10 May 1888
4. Place of Birth, (Street and Number) 701 S Bond St
5. Full Name of Mother, Anna Gerstlush
6. Mother's Maiden Name, Anna Vlcek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Edward Gerstlush
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Rogers

Address, 201 N Washington St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First. A. 2711
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11, 1888.
4. *Place of Birth, (Street and Number)*	1926 E. Preston Street.
5. *Full Name of Mother,*	Laura Regin
6. *Mother's Maiden Name,*	Laura Frick.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Glenn Eugene Regin.
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	J. D. Marbert M.D.
Address,	1429 N. Gay Street.
Remarks,	

Mrs Abell. nurse

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth — A. 1712
1. *Sex, (state whether male or female)*	Female -
2. *Race or Color, (if not of the white race)*	white -
3. *Date of Birth,*	May 12 1888.
4. *Place of Birth, (Street and Number)*	2058 E Hoffman St.
5. *Full Name of Mother,*	Lizzie Johnson
6. *Mother's Maiden Name,*	Lizzie White.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John D. Johnson -
9. *Father's Occupation,*	Deputy Warden - Md Penitentiary.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. B. Meadenck M.D.
Address,	1429 N Gay Street
Remarks,	(Mrs R. Thompson nurse)

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2713

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	12th May 1886
4. Place of Birth, (Street and Number)	655 Josephine St.
5. Full Name of Mother,	Mary Madden
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	Balto. Co. Md
8. Full Name of Father,	Jim Biddle
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Max E. Thompson
Address,	655 Josephine St. Balto Md
Remarks,	

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or there be no other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

A 2714

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Maj 1888.
4. Place of Birth, (Street and Number) 634 Chester Stret Baltimore. Md.
5. Full Name of Mother, Mertha Bargen
6. Mother's Maiden Name, Mertha Nelsen
7. Mother's Birthplace, Stavangen Norvigen Europa
8. Full Name of Father, Andreas Bargen
9. Father's Occupation, Stakipen
10. Father's Birthplace, Stavangen Norvigen Europa

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address. 1913 Eastern ave.

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 2715

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* negro
3. *Date of Birth,* May 15
4. *Place of Birth (Street and Number),* 10 30 Gelsons court
5. *Full Name of Mother,* Rose Parks
6. *Mother's Maiden Name,* Rose Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Parks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Willy Burke

Address, No 10 30 Gelsons Court

Remarks, Healthy

...name, if any, color, the full name and occupation of its parents, the date and place of birth, and the ... of each child. (If any shall have been con... shall be delivered, duly signed by the practitioner in the form of a certificate between the ... and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th. **A** 2716

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),* white.
3. *Date of Birth,* 16th of May 1886.
4. *Place of Birth (Street and Number),* north East st. 1625.
5. *Full Name of Mother,* Lizzie Richter.
6. *Mother's Maiden Name,* Lizzie Shafer.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Ludwig Richter
9. *Father's Occupation,* Bookbinder.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Magdelena Brunn

Address, Exeter st. & Lemmon north East st.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	11 May
4. *Place of Birth, (Street and Number)*	129 Canal st
5. *Full Name of Mother,*	Minnie Speichel
6. *Mother's Maiden Name,*	Giers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Rudine Speichel
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Cooper
Address,	1016 E Fayette st
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. JULIANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7718

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or color, (if not of the white race)*	
3.	*Date of Birth,*	12 May
4.	*Place of Birth, (Street and Number)*	145 Watson st
5.	*Full Name of Mother,*	Pauline Speidel Connelly
6.	*Mother's Maiden Name,*	Speidel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Thos Speidel Connelly
9.	*Father's Occupation,*	Bar tender
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
	Address,	1016 E Fayette st
	Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2719

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	13 May
4. *Place of Birth, (Street and Number)*	206 Fayette st
5. *Full Name of Mother,*	Maggie Bakel
6. *Mother's Maiden Name,*	Himmelmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Franz Bakel
9. *Father's Occupation,*	Basket Makes
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Kasper
Address,	1016 E Fayette st
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HILARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12t A. 2771

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 16th 1885
4. Place of Birth, (Street and Number) 919 N Howard St
5. Full Name of Mother, Elizabeth Rennia Gates
6. Mother's Maiden Name, Elizabeth Rennia Dawson
7. Mother's Birthplace, Easton Talbot Co Md
8. Full Name of Father, Alexander Gates
9. Father's Occupation, Huckster
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return A K Bond M.D.

Address, 311 W Biddle St

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2721

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 16 1881.

4. Place of Birth, (Street and Number) 11 3-2 Cay — Block

5. Full Name of Mother, Elizabeth R. Cuff

6. Mother's Maiden Name, " " Pleasants

7. Mother's Birthplace, Md.

8. Full Name of Father, John F. Cuff

9. Father's Occupation, Merchant

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. L. Mitchell

Address, 226 E. Pratt

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2722

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	May 17th
4. Place of Birth (Street and Number),	Balto, 1110 E. Eutaw St
5. Full Name of Mother,	Mamie L. Boyden
6. Mother's Maiden Name,	Mamie L. Chavous
7. Mother's Birthplace,	New York City
8. Full Name of Father,	Rev John A. Boyden
9. Father's Occupation,	Minister of the Gospel
10. Father's Birthplace,	Lexington N.C.
Name of Medical Attendant, or other person who makes this Return.	Mrs Charity Jones
Address,	101 Blueberry Alley
Remarks,	

which to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ($5.00) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 23 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th A. 2723

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 20/88
4. Place of Birth, (Street and Number) 2117 Mc Henry ~~Elder St.~~
5. Full Name of Mother, Rebecca ~~Stamer~~
6. Mother's Maiden Name, " Stamer
7. Mother's Birthplace, Russia
8. Full Name of Father, Maus Magid
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rebecca Kaplan

Address, 107 Broad Alley

Remarks,

The sex, color, the full name and occupation of its parents, the date and place of birth of each child, (if any shall have been born) to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the first Monday of each month, a schedule containing the said particulars of births which shall have occurred during the month next preceding the date of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. And the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. G. DELAHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Children (Twins)
1. Sex (state whether male or female),	Females A 2724
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 20/88
4. Place of Birth (Street and Number),	216 N. Carey
5. Full Name of Mother,	Mrs. Katie I. Pitcher
6. Mother's Maiden Name,	" " Zangers
7. Mother's Birthplace,	Indiana
8. Full Name of Father,	Wm H Pitcher
9. Father's Occupation,	Machinist Supplies
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W Fayette
Remarks,	about 6 Months Pregnancy (Premature)

Any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd A. 2725

1. *Sex*, (*state whether male or female*) Female
2. *Race or color*, (*if not of the white race*) W
3. *Date of Birth*, May 20th
4. *Place of Birth*, (*Street and Number*) Bowen St
5. *Full Name of Mother*, Frances Meyers
6. *Mother's Maiden Name*, Kresko
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Peter Meyers
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Wm H. Morgan

Address, 1112 Scott St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2726

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	20th May
4. *Place of Birth, (Street and Number)*	No 222 Paris St
5. *Full Name of Mother,*	Ellen O'Laburn
6. *Mother's Maiden Name.*	" Murphy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Timothy O'Laburn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs M. Mangan
Address,	1112 Scott St
Remarks.	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUNBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2727

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	21st May
4. *Place of Birth, (Street and Number)*	1129 Washington Ave
5. *Full Name of Mother,*	Maggie [redacted] Carlson
6. *Mother's Maiden Name,*	" Oldfield
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Carlson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm. H. Horigan
Address,	112 Scott St
Remarks,	

...and penalties shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 2729
1. *Sex, (State whether male or female)*	M. J.
2. *Race or color, (if not of the white race)*	W,
3. *Date of Birth,*	May 21. 1888,
4. *Place of Birth, (Street and Number)*	1029 Nansen Ave,
5. *Full Name of Mother,*	Jennie Staley,
6. *Mother's Maiden Name,*	Hoffman,
7. *Mother's Birthplace,*	Baltimore City,
8. *Full Name of Father,*	Harry N. Staley,
9. *Father's Occupation,*	Jeweler,
10. *Father's Birthplace,*	Frederick, Md.
Name of Medical Attendant, or other person who makes this Return.	J. L. Engle M.D
Address,	1107 W. Lanvale
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) light A. 2729

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 15 day of May

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight C A. 2729

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 day of May
4. *Place of Birth, (Street and Number)* 127 W York street
5. *Full Name of Mother,* Mary A Carr
6. *Mother's Maiden Name,* Mary A Harper
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Williams H Carr
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* Melking creek Dorchester

Name of Medical Attendant, or other Person who makes this Return. Margaret Graves

Address, No 116 W York street near Hanover

Remarks,

...the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) A 2730

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* May 23rd 1888, 6 40 P.M.
4. *Place of Birth, (Street and Number)* 832 E Pratt St
5. *Full Name of Mother,* Clara O'Hanna
6. *Mother's Maiden Name,* " Schneider
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James O'Hanna
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Alex Schnitzer M.D.

Address, 1102 E Balto St

Remarks, Instrumental

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2731

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 2nd 1888.
4. Place of Birth, (Street and Number) 2103 Linden Ave
5. Full Name of Mother, Lilly J. Smith
6. Mother's Maiden Name, Griffith
7. Mother's Birthplace, Calvert Co. Maryland
8. Full Name of Father, Frank L. Smith.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. L. H. Smith M.D

Address, Church & Centre Sts.

Remarks,

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 2732

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 13 1895
4. *Place of Birth (Street and Number)*	202 Bare st
5. *Full Name of Mother*	Ida ~~Louis~~ Reisinger
6. *Mother's Maiden Name*	Ida Hanson
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Louis Reisinger
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. H. D. Ellis
Address	915 Light
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 7733

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 15 –
4. *Place of Birth (Street and Number)*	6 E. Hamilton st
5. *Full Name of Mother*	Jane Barrett
6. *Mother's Maiden Name*	Ward –
7. *Mother's Birthplace*	B. City
8. *Full Name of Father*	J Barrett
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	B. City
Name of Medical Attendant, or other Person who makes this Return.	R W Eccles
Address	
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 7734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 16
4. *Place of Birth (Street and Number)*	1134 Hanover
5. *Full Name of Mother*	Grace Benner
6. *Mother's Maiden Name*	" Brotzhen
7. *Mother's Birthplace*	B. City
8. *Full Name of Father*	J. Benner
9. *Father's Occupation*	Accountant
10. *Father's Birthplace*	" Md
Name of Medical Attendant, or other Person who makes this Return.	R. Rodgers
Address	91 Lytle
Remarks	

...of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] of such child to report the birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 2735

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, May 16, 1888

4. Place of Birth, (Street and Number) 1491 Bruce St

5. Full Name of Mother, Celia Addison

6. Mother's Maiden Name, Celia Addison

7. Mother's Birthplace, Ellicott City, Howard Co.

8. Full Name of Father David McElderry,

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. J. Chappell,

Address, 1442 Fleetman St

Remarks, McElderry is going to marry Celia Addison

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth A 2736

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18. 1888

4. Place of Birth, (Street and Number) 1438 Mount St

5. Full Name of Mother, Emma L. Keyser

6. Mother's Maiden Name, Emma L. Keyser

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm. P. Ray

9. Father's Occupation, Painter

10. Father's Birthplace, Petersburg Va,

Name of Medical Attendant, or other Person who makes this Return, Wm. Chappell Jr

Address, 14 H. Freeman St

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 2737

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 may
4. *Place of Birth, (Street and Number)* 22 South central ave
5. *Full Name of Mother,* Mary Gertrude Easterfield
6. *Mother's Maiden Name,* Zachow
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm H Easterfield
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return.

Address, Susan Ann Morgan 258 S Bethel

Remarks,

the name, date and place of birth, and the name, age and residence of each and every parent of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 7731
1. *Sex, (State whether male or female)*	M.
2. *Race or color, (if not of the white race)*	W,
3. *Date of Birth,*	May 19. 1888.
4. *Place of Birth, (Street and Number)*	917 N. Fulton Ave,
5. *Full Name of Mother,*	Nellie N. Carter,
6. *Mother's Maiden Name,*	Schaef,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Wm. N. Carter,
9. *Father's Occupation,*	Merchant,
10. *Father's Birthplace,*	Clare City, Virginia,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Lanvale
Remarks,	

... shall have said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CULLEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th Child A. 2734

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20th May 1888

4. Place of Birth, (Street and Number) 323 Hamburg st City

5. Full Name of Mother, Rose Gibson

6. Mother's Maiden Name, Rose Bradley

7. Mother's Birthplace, Balto City

8. Full Name of Father, James = Gibson

9. Father's Occupation, laborer

10. Father's Birthplace, Eastern Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, Sarah Tastar No 1 Hughes st

Remarks, Mid Wife Balto City

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2740

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 the
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 20th
4. *Place of Birth, (Street and Number)*	412 Orchard street
5. *Full Name of Mother,*	Lizzie Sampson
6. *Mother's Maiden Name,*	" Turner
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Edward Sampson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Howard county
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	Tyson street, 710
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 20 1900 BALTIMORE

WM. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Third~~ Fourth

1. Sex, (state whether male or female) Male A. 2741

2. Race or Color, (if not of the white race) White

3. Date of Birth May 22d 1898

4. Place of Birth, (Street and Number) 1710 Freeman St

5. Full Name of Mother Louisa Prevost

6. Mother's Maiden Name, Louisa Coleman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alphonse D. Prevost

9. Father's Occupation, Ship Carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Chatelle

Address, 1712 Freeman St

Remarks, L. O. I. P. Instrumental

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2742

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 23. 1888
4. *Place of Birth, (Street and Number)*	1-2-8 Perry Alley
5. *Full Name of Mother,*	Julia Johnson
6. *Mother's Maiden Name,*	Hunt
7. *Mother's Birthplace,*	Tappahannock Virginia
8. *Full Name of Father,*	George Johnson
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Tappahannock Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Lynn street
Remarks,	

BALTIMORE MD. MAY 25 1888

and schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days thereafter. The particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each and every offence, to be recovered as other fines and forfeitures are recoverable.

C. DU.ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th A. 2743

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 24 88 9
4. Place of Birth, (Street and Number) Bank st 2056
5. Full Name of Mother, Agnes Jane Taylor
6. Mother's Maiden Name, McCardell
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Walter Barton Taylor
9. Father's Occupation, Engineer
10. Father's Birthplace, Philadelphia Penn

Name of Medical Attendant, or other Person who makes this Return. M & Davenport

Address, 225 S Ann st

Remarks, Babe has lost arm & a Stump called in Dr Gately

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 27444

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th 1888
4. Place of Birth, (Street and Number) 1714 Fairmount ave
5. Full Name of Mother, Carrie R Swift
6. Mother's Maiden Name, " " McClure
7. Mother's Birthplace, Maryland
8. Full Name of Father, Harry H. Swift
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Samuel J Bell M.D

Address, 314 E Fenton St

Remarks,

...ers, the date and place of birth, and the said returns shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

...rnby & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 27455

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	may 12
4. *Place of Birth, (Street and Number)*	132 Hoffman st
5. *Full Name of Mother,*	Alice Davis
6. *Mother's Maiden Name,*	Christmas
7. *Mother's Birthplace,*	South carolinia
8. *Full Name of Father,*	Winslow Davis
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	South Carolinia
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

and schedule shall be delivered, duly filled by the practitioner or midwife in attendance upon the mother, immediately after the birth of each child, if any shall have shall occur without the attendance of a physician or practitioner of medicine, or midwife, on the day of each and every month. The office of the Commissioner of Health. In case the birth of any child third day of each and every month. The office of the Commissioner of Health. In case the birth of any child and the first and the date of the birth of any child

required to report as above to the Commissioner of Health, by the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2746

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 12th
4. *Place of Birth, (Street and Number)*	582 S. Preston street
5. *Full Name of Mother,*	Martha Bell
6. *Mother's Maiden Name,*	" " Lee
7. *Mother's Birthplace,*	Northumberland county Virginia
8. *Full Name of Father,*	John E Bell
9. *Father's Occupation,*	Truck Driver
10. *Father's Birthplace,*	Westminster Carroll county Md
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	710 Tyson street
Remarks,	

MAY 25 1888

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the commissioners of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HUGHES & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2747

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ch
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	13 May
4. *Place of Birth, (Street and Number)*	132 Dolphin
5. *Full Name of Mother,*	Mary Green
6. *Mother's Maiden Name.*	" " "
7. *Mother's Birthplace,*	Essex county
8. *Full Name of Father,*	Samuel Green
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	South Carolina
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Johnson
Address,	710 Tyson street
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 25 1880

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child A 2748

1. Sex, (State whether male or female) white Johann Heinrich
2. Race or color, (if not of the white race) white
3. Date of Birth, 13 Mai 1888
4. Place of Birth, (Street and Number) Peabody St. 1422
5. Full Name of Mother, Elisabeth Schaler
6. Mother's Maiden Name, Bammes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Schaler
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Emma Maria Major Biddle St. 1937.

Address,

Remarks,

The parent registering sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. BRYANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2749

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 14th
4. *Place of Birth, (Street and Number)*	917 Cedar Row
5. *Full Name of Mother,*	Cornelia Simms
6. *Mother's Maiden Name.*	Thomas
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	William Sims
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson Street
Remarks,	

...ex color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2750

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 1st th
4. *Place of Birth, (Street and Number)*	700 new Sheet
5. *Full Name of Mother,*	Louisa Howard
6. *Mother's Maiden Name,*	..... Gibson
7. *Mother's Birthplace,*	Hartford county
8. *Full Name of Father,*	William H. Howard
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Hec Hartford county
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Ingson Sheet
Remarks,	

said schedule shall be delivered, duly signed by the ... occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the ... of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be ... of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 22 1900 BALTIMORE CITY

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 2751

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 15th 1888
4. *Place of Birth, (Street and Number)* 410 N. Port St
5. *Full Name of Mother* Ella Gorman
6. *Mother's Maiden Name* " Kane
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Timothy Gorman
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. M. R. McClain

Address 1401 Linden Ave

Remarks

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thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child A 2752
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 16th 1895
4. *Place of Birth (Street and Number),*	1120 Bolton Avenue
5. *Full Name of Mother,*	Columbia Morris
6. *Mother's Maiden Name,*	Columbia Taylor
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Elijah Morris
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottell
Address,	1 J Hurst Ave et
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 2753
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 18th
4. *Place of Birth, (Street and Number)*	445- O Richard Street
5. *Full Name of Mother,*	Susie Brown
6. *Mother's Maiden Name,*	..... Brown
7. *Mother's Birthplace,*	St Mary's County
8. *Full Name of Father,*	Frank Brown
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	St Mary's County
Name of Medical Attendant, or other person who makes this Return	Mrs Anna Johnson
Address,	710 Tyson Street
Remarks,	

HEALTH DEPT. MAY 1868 BALTIMORE MD.

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 2a **A.** 2754
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	1st May
4. *Place of Birth, (Street and Number)*	2312 Gilbert st,
5. *Full Name of Mother,*	Kate, Kazmure
6. *Mother's Maiden Name,*	" Gore.
7. *Mother's Birthplace,*	Balt,
8. *Full Name of Father,*	Wilh. Kazmure
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	G. L. Brandenburg
Address,	418 S. Paca st.
Remarks,	

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D. BULAVY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3 2a A. 1755
1. *Sex*, (*state whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	6 May
4. *Place of Birth*, (*Street and Number*)	1721 Hanover
5. *Full Name of Mother*,	Lea Hile
6 *Mother's Maiden Name*,	" Schäfer
7. *Mother's Birthplace*,	Pa.
8. *Full Name of Father*,	Christ. Hile
9. *Father's Occupation*,	Engineer
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other person who makes this Return.	C. L. Broadrup
Address,	418 S. Bond
Remarks,	

C. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2756

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 7th 1888
4. *Place of Birth (Street and Number),* #329 Front St.
5. *Full Name of Mother,* Emma Stange.
6. *Mother's Maiden Name,* Schettler
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wm. Stange
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Dillegeet

Address, #1038 E Monument St.

Remarks,

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A 2757

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 8th 1888
4. *Place of Birth (Street and Number),* #2020 E. Chase St
5. *Full Name of Mother,* Annie White
6. *Mother's Maiden Name,* Mc Auley
7. *Mother's Birthplace,*
8. *Full Name of Father,* J. B. White
9. *Father's Occupation,* Artesian Well Sinker
10. *Father's Birthplace,* New Hampshire

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

If any child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltim... Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2758

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 9th 1888.
4. Place of Birth (Street and Number), #1209 Valley St
5. Full Name of Mother, Teresa Rommel
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Rommel.
9. Father's Occupation, Gardener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Donna Shillenger

Address, #1038 E. Monument St

Remarks,

...ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should the father, mother, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-2759

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 9 th 1888
4. *Place of Birth (Street and Number),* #802 Stiles St.
5. *Full Name of Mother,* Lizzie Burrier.
6. *Mother's Maiden Name,* Cnizwitch.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Burrier.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Hillegeist

Address, #1038 E. Monument St

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 2760

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, May 10 th.
4. Place of Birth, (Street and Number) 1020 S. Paca
5. Full Name of Mother, Caroline Strobel
6. Mother's Maiden Name, " Stein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Strobel
9. Father's Occupation, Collector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5) A 2761

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10-1888.
4. *Place of Birth, (Street and Number)* Middleman St.
5. *Full Name of Mother,* Emma McNulty
6. *Mother's Maiden Name,* Emma Ellis
7. *Mother's Birthplace,* Williamsport Md.
8. *Full Name of Father,* James F. McNulty
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return — H. F. Taylor M.D.

Address, 928 N. Broadway

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. **A.** 2752

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 11th 1888
4. *Place of Birth (Street and Number),* #916 Aisquith St.
5. *Full Name of Mother,* Mary Stautte
6. *Mother's Maiden Name,* " Greener
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Stautte,
9. *Father's Occupation,* Clothing Cutter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs. Dinah Hillegeist

Address, #1038 E. Monument St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2763

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 12th 1888
4. *Place of Birth (Street and Number),* #615 Cor. Gay & Monument St
5. *Full Name of Mother,* Dora Esherich
6. *Mother's Maiden Name,* " Bergman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Esherich.
9. *Father's Occupation,* Restaurant.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Stillegust

Address, #1038 E. Monument St.

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th) A 2764
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12th 1888.
4. *Place of Birth, (Street and Number)*	1019 E. Madeira St.
5. *Full Name of Mother,*	Mary R. Fuik
6. *Mother's Maiden Name,*	Mary R. Priest
7. *Mother's Birthplace,*	Forest-East Md.
8. *Full Name of Father,*	Joseph Fuik
9. *Father's Occupation,*	Barber.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Geo. F. Taylor M.D.
Address,	928 N. Broadway
Remarks,	

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 2765

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15 - 96
4. *Place of Birth, (Street and Number)* 610 Chatsworth
5. *Full Name of Mother,* Mrs Annie E Thalheimer
6. *Mother's Maiden Name,* " " Penny
7. *Mother's Birthplace,* Ohio Co Md
8. *Full Name of Father,* Chas. A Thalheimer
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. T. F. Hill M.D.

Address, 1001 E Monument

Remarks

ascertained the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said midwife shall be required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Ch A. 2766

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th
4. Place of Birth, (Street and Number) 511 Allendale St
5. Full Name of Mother, Mrs Eliz[illegible] [illegible] Odell
6. Mother's Maiden Name, Miss Eliza Morgan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Timothy O'Neill
9. Father's Occupation, Laborer
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other Person who makes this Return. W. F. Neil M.D.

Address, 1001 Edmondson Ave

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 **A.** 2767
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	June 15 88
4. Place of Birth, (Street and Number)	17 Cain St
5. Full Name of Mother,	Anna Anderson
6. Mother's Maiden Name,	Anna Green
7. Mother's Birthplace,	Va
8. Full Name of Father,	Robt Anderson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Buckland
Address,	
Remarks,	

HEALTH DEPARTMENT BALTIMORE CITY

... C. INGLAM & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th A. 2768
1. *Sex,* (State whether male or female)	Female
2. *Race or color,* (if not of the white race)	Colored
3. *Date of Birth,*	June 17/85
4. *Place of Birth,* (Street and Number)	831 Pennsylvania
5. *Full Name of Mother,*	Maria Carroll
6. *Mother's Maiden Name,*	Maria Carroll
7. *Mother's Birthplace,*	Black Va
8. *Full Name of Father,*	Henry Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Chas Woodward
Address,	
Remarks,	

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2754

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) Colored
3. Date of Birth, 22 May
4. Place of Birth, (Street and Number) Warner St 1120
5. Full Name of Mother, Jannie Barkley
6. Mother's Maiden Name, ~~Jan~~ Barkley Jannie Grimes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Barkley
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address, 142

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so in attendance upon the mother make such return, then it shall be the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 7770

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 22 Mr
4. *Place of Birth,* (Street and Number) 920 nine Street Street
5. *Full Name of Mother,* Adelaide Starr
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Hays
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Alfred Ledley

Address. Alfred Ledley 1004 W Lexington St

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 7771

Anna Rebecca Rose	
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1888
4. Place of Birth (Street and Number)	726 McHenry Street
5. Full Name of Mother	Anna Rose
6. Mother's Maiden Name	Anna Roe
7. Mother's Birthplace	Catonsville Balto Co Md
8. Full Name of Father	Albert Rose
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	J Edward Kirby M.D
Address	645 Columbia Avenue
Remarks	Right Occipito Anterior position

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2772.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, May 11. 20 - 1858

4. Place of Birth, (Street and Number) N. 607 Aisquith st

5. Full Name of Mother, Caroline M S Forringer

6. Mother's Maiden Name, Graylmyer

7. Mother's Birthplace, Germany

8. Full Name of Father, George Forringer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, N. 924 Bruley st

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said artifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SUDLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth A. 2773

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 20-81 6-13 P.M.

4. Place of Birth, (Street and Number) 47 E. Oxford Street

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Elkport Ohio

8. Full Name of Father, Joe Johnson

9. Father's Occupation, [illegible]

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Clara Steinbrenner, Jun

Address, 1035 E. Pratt

Remarks,

MAY 23 1881 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2774

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 20/1888
4. Place of Birth, (Street and Number) 443 Henrietta st
5. Full Name of Mother, Georgana Mahoney
6. Mother's Maiden Name, Georgana Riley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John E. Mahoney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 1126 Russell St

Remarks,

...occurrence the said ... may have been known, ... and place of birth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 2775

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of May 1888
4. Place of Birth, (Street and Number) Baltimore 1719 Light St
5. Full Name of Mother, Mary E Caldwell
6. Mother's Maiden Name, "J" Cansel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James M E Caldwell
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Donaldson

Address, 1824 Byrd St Baltimore Md

Remarks, Mother and child are doing well.

ascertained the full name of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 2776
1. *Sex (state whether male or female)*	Male - Walter Paschal Sultzer
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Balto. Md May 21
4. *Place of Birth, (Street and Number)*	428 E. Lanvale
5. *Full Name of Mother*	Mrs Mary O. Sultzer
6. *Mother's Maiden Name*	Blessing
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	John S. Sultzer
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Burke Boyle
Address	1000 N. Calvert
Remarks	

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) A. 2777

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May, 22nd, 1888
4. Place of Birth, (Street and Number) No. 717, N. Broadway
5. Full Name of Mother Annie, E. Burch
6. Mother's Maiden Name, " " Herring
7. Mother's Birthplace, Baltimore, City
8. Full Name of Father, Marion, R. Burch
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore, City

Name of Medical Attendant, or other Person who make this Return Wm. L. Russell

Address, 500, N. Broadway

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 2774

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24th day of May
4. *Place of Birth (Street and Number)*	629 Mulberry St E
5. *Full Name of Mother*	Mrs Nellie Lyett
6. *Mother's Maiden Name*	Nellie Stubblefield
7. *Mother's Birthplace*	St. Michaels Md
8. *Full Name of Father*	W. S. Lyett.
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Centreville Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rosa C Bush
Address	1603 Presbury alley
Remarks	Thriving

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 7779

1. Sex (state whether male or female), Boy.
2. Race or Color (if not of the white race), White
3. Date of Birth, 24th of May 1888.
4. Place of Birth (Street and Number), 2019 East Fayette street
5. Full Name of Mother, Emma B. Baker.
6. Mother's Maiden Name, Emma B. Pister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Pister
9. Father's Occupation, Breaksman
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 2780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th 1888
4. *Place of Birth, (Street and Number)*	1818 N. Calvert Street
5. *Full Name of Mother,*	Gertrude Olivia Tolleneo
6. *Mother's Maiden Name,*	Gertrude Olivia Mackenzie
7. *Mother's Birthplace,*	Fayette County — Pa
8. *Full Name of Father,*	Thomas Rogers Tolleneo
9. *Father's Occupation,*	Fire Insurance Agent
10. *Father's Birthplace,*	Fayette County — Pa.
Name of Medical Attendant, or other Person who makes this Return	W. O. Atkinson
Address,	814 Park Ave.
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2781

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	may the 25
4. Place of Birth, (Street and Number)	no 36 Church Ct
5. Full Name of Mother,	Martha Thompson
6. Mother's Maiden Name,	Martha Philpliel
7. Mother's Birthplace,	Baltimore Maryland
8. Full Name of Father,	Calvin Thompson
9. Father's Occupation,	Waiter [illegible]
10. Father's Birthplace,	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jane Driscoll
Address,	213 Jasper St
Remarks,	

ascertained the full name of each child (if any shall be born alive after the birth, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 27

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex,* (*state whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* May 27th 1888 (4 a.m.)
4. *Place of Birth,* (*Street and Number*) * 804 Woodward St.
5. *Full Name of Mother,* Mary Blimline Pearson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Isaac Pearson
9. *Father's Occupation,* Paper Box Cutter
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dr.

Address, 1313 Poplar Ave.

Remarks,

---

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born since the last return, the color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Abe A 2743

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 2nd 1888
4. Place of Birth (Street and Number), 421 Harrison St.
5. Full Name of Mother, Rosia Bailey ~~Wolf~~ Wolf
6. Mother's Maiden Name, Turtulsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Wolf
9. Father's Occupation, Clerk
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Allemarle st n 103.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Charity A. 2754
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 4th 88.
4. *Place of Birth (Street and Number),*	112 High St. Baltimore Md
5. *Full Name of Mother,*	Ittel Goldberg
6. *Mother's Maiden Name,*	Shudinsack
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Louis Goldberg
9. *Father's Occupation,*	Sleeper Maker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	E Soberman
Address,	Albemarle st n 103.
Remarks,	

...as far as the same can be ascertained the full name of each child, (if any shall have been con-
...ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
...mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
...the Commissioner of Health, in the manner and within the period above required, and any such person or persons
...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars
...for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A. 2785

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* March 1st 1920

4. *Place of Birth, (Street and Number)* 1310 Hackman Ave

5. *Full Name of Mother,* Louise M. Kramer

6. *Mother's Maiden Name,* Louise Schmidt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jos. Kramer

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. Fleischmann, M.D.

Address, 635 Myrtle Ave

Remarks,

STATE DEPARTMENT OF HEALTH BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child Charity No. 2756

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 2nd of May 88
4. Place of Birth (Street and Number), 823 Pratt St. Baltimore
5. Full Name of Mother, Sarka Baker
6. Mother's Maiden Name, Sarka Tobis
7. Mother's Birthplace, Russia
8. Full Name of Father, Tobis
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. & Schusman

Address, 116 Albemarle St N 103.

Remarks,

The same can be ascertained the full name of each child. If any shall have been born dead, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A. 2767

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth Oct 11 - 18 - 4:30 PM

4. Place of Birth, (Street and Number) 1 Diamond Alley

5. Full Name of Mother, Julia Ann Perkins

6. Mother's Maiden Name, " O'Connor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lindsey

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Weinbrenner M.D.

Address, 1035 Myrtle Avenue

Remarks,

BALTIMORE CITY BOARD OF HEALTH

...ed the full name of each child (if any shall have been conferred), its sex, color, the full name and ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...onn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 2755

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 11th 1888
4. *Place of Birth (Street and Number),* 1739 Aisquith St
5. *Full Name of Mother,* Louisa Louis
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Louis H Louis
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 915 N Chapel

Remarks,

If sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th — A 2759

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 12th 1911
4. *Place of Birth (Street and Number),* 224 Warren Ave
5. *Full Name of Mother,* Helen A Allen
6. *Mother's Maiden Name,* E. Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm A Allen
9. *Father's Occupation,* Cap Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Charles Cooke M.D.

Address, 1711 Linden Ave

Remarks,

...ore, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1. Stillbirth No. 2790

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May the 15th 88
4. Place of Birth (Street and Number), 823 Bank St.
5. Full Name of Mother, Sara Berman
6. Mother's Maiden Name, Sara Klein
7. Mother's Birthplace, Russia
8. Full Name of Father, Joe Berman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. L. Scherman

Address, Albemarle st & N 13.

Remarks,

Every Return must be made as far as the same can be ascertained the full name of each child, (if any shall have been born dead, its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 2741

1. Sex (state whether male or female), female Mary
2. Race or Color (if not of the white race), White
3. Date of Birth, May 15th 1888
4. Place of Birth (Street and Number), Bloomen St.
5. Full Name of Mother, Annie Walton
6. Mother's Maiden Name, Annie Stallkramp
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Walton
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 102.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5. Hida A 7142

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, May the 15th 1898
4. Place of Birth (Street and Number), 438 Pleasant St
5. Full Name of Mother, Becka Bronare
6. Mother's Maiden Name, Becka Eisenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Bronski
9. Father's Occupation, Express Man
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A 2793

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 16 - 98 - 1.20 P.M.

4. Place of Birth, (Street and Number) 1 1 Diamond Alley

5. Full Name of Mother, Emma L. Wright

6. Mother's Maiden Name, " Ford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Wright

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. Steinbrenner, M.D.

Address, 1235 Maryland Avenue

Remarks,

The said Registrar shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2794
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 18th 1889
4. *Place of Birth (Street and Number),*	1616 Light St
5. *Full Name of Mother,*	Mary E Beals
6. *Mother's Maiden Name,*	" J " Bradley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ralph A Beals
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return	Theodore Cockrell M.D.
Address,	914 N Eutaw St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Esther A. 745

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 19. 1888
4. Place of Birth (Street and Number), 38 Aisquith St.
5. Full Name of Mother, Bary Levy
6. Mother's Maiden Name, Bary Garawitsky
7. Mother's Birthplace, Russian
8. Full Name of Father, Israel Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russian

Name of Medical Attendant, or other person who makes this Return. E Silverman

Address, Albemarle st N 103.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 2796
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	may 17th 1898
4. Place of Birth, (Street and Number)	906 Druid Hill Avenue
5. Full Name of Mother,	Rachel Pearson
6. Mother's Maiden Name,	Rachel Simmons
7. Mother's Birthplace,	Talbot County, md
8. Full Name of Father,	George Pearson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Howard County md
Name of Medical Attendant, or other person who makes this Return.	Hester Colaneck
Address,	509 Preston street
Remarks,	

BALTIMORE CITY BOARD OF HEALTH 1898

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 2797

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, May 17 1888
4. Place of Birth, (Street and Number) 24 Gilbert st 6 o 8
5. Full Name of Mother, Josephine Wilson
6. Mother's Maiden Name, Josephine Johnson
7. Mother's Birthplace, City
8. Full Name of Father, Charles Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Lydia Donnellie

Address, 1616 Clinton avenue

Remarks,

BIRTH DEPARTMENT BALTIMORE MD. MAY 23 1888

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	737 W. Monument st
4. *Place of Birth, (Street and Number)*	May 24th 1888
5. *Full Name of Mother,*	Matilda Ferrell
6. *Mother's Maiden Name,*	Matilda West
7. *Mother's Birthplace,*	Charles County md
8. *Full Name of Father,*	Wm. H. Ferrell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Charles County md
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	605 Preston Street
Remarks,	

BOARD OF HEALTH DEPARTMENT BALTIMORE CITY

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Bernard John Cavanaugh

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First — A. 2799
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1888
4. Place of Birth (Street and Number)	No. 19 S. Schroeder St.
5. Full Name of Mother	Mary H. Cavanaugh
6. Mother's Maiden Name	" Hanyhan
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Thos. Cavanaugh
9. Father's Occupation	Machinist
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1529 Eutaw Place
Remarks	GIVEN NAME ADDED 2-20-52

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first — A 2800
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	brown skin
3. Date of Birth,	28th of May 1881
4. Place of Birth, (Street and Number)	605 Moore alley
5. Full Name of Mother,	Lottie Haines
6. Mother's Maiden Name,	Lottie Blackston
7. Mother's Birthplace,	City
8. Full Name of Father,	John Haines
9. Father's Occupation,	Laborer
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address,	616 Clinton avenue
Remarks,	

HEALTH DEPARTMENT MAY 28 1881 BALTIMORE MD.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 2-3-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Carl Wischmeyer

A 2801

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	6 May 1888
4. Place of Birth, (Street and Number)	W Lombard Street 1716
5. Full Name of Mother,	Hedwig Emilie Wischmeyer
6. Mother's Maiden Name,	H. E. Starkloff
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Julius Wischmeyer
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Minden, Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Reinhard
Address,	720 N Howard Street
Remarks.	

HEALTH DEPARTMENT BALTIMORE

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A. 2302

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, May 14th 1888
4. Place of Birth, (Street and Number) N. Exeter St No 20
5. Full Name of Mother, Margaretha Philippy
6. Mother's Maiden Name, Margaretha Sehul
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Philippy
9. Father's Occupation, Musical instruments
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SKELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 2803
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	may 16th 1888
4. *Place of Birth, (Street and Number)*	920 Jenkins Alley
5. *Full Name of Mother,*	Henriette Hankins
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Spriggs
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Hester J. Coleman
Address,	567 Preston Street
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. BRYANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd child Ex-604
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16th 1888
4. *Place of Birth, (Street and Number)*	No 493 Pine str.
5. *Full Name of Mother,*	Carrie C Roth
6. *Mother's Maiden Name.*	Carrie Christina Miller
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Louis Charles Roth
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Carroll Co Balto County
Name of Medical Attendant, or other Person who makes this Return.	Geo A Fleming M.D.
Address,	928 Madison Ave
Remarks,	

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

HEALTH DEPARTMENT
BALTIMORE MD
JAN 25 1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A. 7805
1. *Sex, (State whether male or female)*	Fem —
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 16th 1888.
4. *Place of Birth, (Street and Number)*	659 Lee. St.
5. *Full Name of Mother,*	Elizabeth Gunther.
6. *Mother's Maiden Name,*	" Gunther.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Julius Gunther.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Prussia.
Name of Medical Attendant, or other person who makes this Return.	Dr. J. N. Talbert M.D.
Address,	524 Sharp. St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 2806
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	21 May 1895
4. *Place of Birth, (Street and Number)*	929 W Fayette Street
5. *Full Name of Mother,*	Maria Louise Siegen
6. *Mother's Maiden Name,*	Maria Louise Sultan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Henry Siegen
9. *Father's Occupation,*	Currier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr E Reinhardt
Address,	720 N Howard Street
Remarks,	

ascertained the full name of each child (if any shall have been omitted or incorrectly stated,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Wallace Comeggys

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child A 7107

1. Sex, (State whether male ~~or female~~) .
2. Race or color, (if not of the white race) White
3. Date of Birth, May 25 th 1888
4. Place of Birth, (Street and Number) S. Eden St No 309
5. Full Name of Mother, Louisa Comeggys
6. Mother's Maiden Name, Louisa Kurtz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Comeggys
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Mary E. Miller

Address, N. Dallas St No 114

Remarks, GIVEN NAME ADDED. 8-11-53 L.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 7808

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, May 1t 26 1888
4. Place of Birth, (Street and Number) 104 Welcome alley
5. Full Name of Mother, rusana Bean
6. Mother's Maiden Name, rusana Watts
7. Mother's Birthplace, Colbert County
8. Full Name of Father, Sortnee watts
9. Father's Occupation, Labourer
10. Father's Birthplace, Colbert County

Name of Medical Attendant, or other Person who makes this Return. Sarah E. Wilson

Address, 115 Fleurees st

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

May 28. 1888.

A. 2804

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Balto May 27 1888.
4. *Place of Birth (Street and Number),* 6 Castle St.
5. *Full Name of Mother,* Babara Will
6. *Mother's Maiden Name,* Babara Hainlein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Miller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Arnold

Address, 710 South Wolfe St.

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2810

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	col
3. Date of Birth,	May 28th 1908 [illegible] Maine
4. Place of Birth, (Street and Number)	102 South dallas st
5. Full Name of Mother,	Mary thomason
6. Mother's Maiden Name,	Mary thomason
7. Mother's Birthplace,	Eastern Shore
8. Full Name of Father,	X
9. Father's Occupation,	X
10. Father's Birthplace,	X
Name of Medical Attendant, or other Person who makes this Return.	Lester Hanson
Address,	258 herring court
Remarks,	

[illegible] have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person [illegible] to in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person [illegible] who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2811

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 May 1888
4. *Place of Birth, (Street and Number)*	113 Halls alley
5. *Full Name of Mother,*	Bell Richards
6. *Mother's Maiden Name,*	Tolen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Richard
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A. A. Lewis
Address.	602 Hanover st
Remarks.	

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2612

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Color
3. *Date of Birth* 19 Dec 1887
4. *Place of Birth,* (*Street and Number*) No 1041 Ohio avenue
5. *Full Name of Mother,* Susan Murrie
6. *Mother's Maiden Name,* Susan Chase
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John H. Murrie
9. *Father's Occupation,* Tobacco Factory
10. *Father's Birthplace,* Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Emily Hughes

Address, 123 Wilcomalley Between Lanvale & Preston

Remarks, No Remarks

HEALTH DEPARTMENT BALTIMORE, MD. MAY 30 1888

Sec. 1. Be it enacted by the General Assembly of Maryland, That the Health Officer of Baltimore City shall cause to be kept a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2613

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	female.
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 17, 1918
4. *Place of Birth, (Street and Number)*	721 Luzerne St
5. *Full Name of Mother,*	Henry Feil
6. *Mother's Maiden Name,*	Mary Grace Feil
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry Feil
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Isaac L. Lawrence
Address,	726 Luzerne St.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2814

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	May 17, 1888
4. Place of Birth, (Street and Number)	713 Eutaw St.
5. Full Name of Mother,	Mary Moran
6. Mother's Maiden Name,	Mary Moran
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Moran
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary L. Simpson
Address,	726 Eutaw St.
Remarks,	

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2865

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th May 1888
4. *Place of Birth, (Street and Number)*	126 Bruce
5. *Full Name of Mother,*	Fannie Griffith
6. *Mother's Maiden Name,*	Stevens
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustus Griffith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C. A. Lewis
Address,	602 Hanover St
Remarks,	

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...HUT & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-29-62

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Virginia Lightner

A 2616

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 20, 1888
4. *Place of Birth, (Street and Number)*	306 Curley St.
5. *Full Name of Mother,*	Mary Lightner
6. *Mother's Maiden Name,*	Mary Herrman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Theodore Lightner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L. Grayson
Address,	721 Longwood St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 2817

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21 95
4. Place of Birth (Street and Number)	1501 Mulberry St
5. Full Name of Mother	Mary A ~~Death~~ Slecher
6. Mother's Maiden Name	Mary A. Deck
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Slecher
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	L Algeo Jno
Address	1485 Clem St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2618

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white race
3. Date of Birth, May 25th 188
4. Place of Birth (Street and Number), 1712 Hanover St
5. Full Name of Mother, Mary ~~Smith~~ Lulay
6. Mother's Maiden Name, Mary Lulay
7. Mother's Birthplace, Stock Stade Bayern
8. Full Name of Father, Charles Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Prergent Wurttenberg

Name of Medical Attendant, or other person who makes this Return. Amy Maria Goelker

Address, 1702 Hanover St

Remarks, Baltimore Md

...of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ULMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2820

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 27, 1888
4. *Place of Birth, (Street and Number)*	712 Park St.
5. *Full Name of Mother,*	Mary Mallory
6. *Mother's Maiden Name,*	Mary Burke
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Mallory
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sprague
Address,	712 Lanvale St.
Remarks,	

...months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2821

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white race
3. Date of Birth, Sunday May the 27 st 1877
4. Place of Birth (Street and Number), 1705 Hanover St
5. Full Name of Mother, Augusta Emilia Hentshel
6. Mother's Maiden Name, Augusta Emilia Gattshall
7. Mother's Birthplace, Lowenberg Preussen
8. Full Name of Father, Julius Ernst Hentshel
9. Father's Occupation, Chandelier Broker.
10. Father's Birthplace, Lowenberg Preussen

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Maria Godlew.

Address, 1702 Hanover St

Remarks, Baltimore Md.

The person must furnish a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been stillborn, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 27822

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 28. 1888.
4. *Place of Birth (Street and Number),* 1612 Dorman St.
5. *Full Name of Mother,* Mary Ann Laughlin
6. *Mother's Maiden Name,* Carey
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Daniel Laughlin
9. *Father's Occupation,* Inspecter of Customs
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any child shall have been considered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First A 2823

1. Sex, (state whether male or female) Female May Litchfield Jennings
2. Race or Color, (if not of the white race) White
3. Date of Birth Monday May 28th 88
4. Place of Birth, (Street and Number) 255 N. Eighth St
5. Full Name of Mother, Annie Jennings
6. Mother's Maiden Name, Annie Hammond
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George F. Jennings
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eldridge M.D.

Address, Park Ave & Mulberry St

Remarks, Bal Co

HEALTH DEPARTMENT BALTIMORE MD

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 2324

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* May 2 / 88
4. *Place of Birth, (Street and Number)* S. E. Cor Bond and Ann Streets
5. *Full Name of Mother,* Caroline Shoemaker
6. *Mother's Maiden Name,* Seitz
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jacob Shoemaker
9. *Father's Occupation,* Pattern Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. L. Mitchell

Address, 2216 E. Baltimore

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother. Such schedule shall be delivered to the proper officer certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d **A.** 2825

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 29th 188
4. Place of Birth, (Street and Number) # 612 Chestnut Ally
5. Full Name of Mother, Rebecca Smith
6. Mother's Maiden Name, " Gibson
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, Chestertown Md

Name of Medical Attendant, or other Person who makes this Return John S. Huck

Address, # 1338 Orleans Ave

Remarks,

Revise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1A 2826
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 29 1888.
4. *Place of Birth, (Street and Number)*	1817 West Fall Place.
5. *Full Name of Mother,*	Dora Zephir
6. *Mother's Maiden Name*	Lang.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Zephir
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lakwasser Midwife
Address,	1032 Hanover st.
Remarks,	

RECEIVED MAY 31 1888 REGISTRAR'S OFFICE BALTIMORE

Health, and shall set forth as far as the same can be ascertained the full name of each child of any such mother, and the time and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2427

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	29th May
4. *Place of Birth, (Street and Number)*	1927 Canton Ave
5. *Full Name of Mother,*	Martha Janett
6. *Mother's Maiden Name,*	Asher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albrecht Janett
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Lasher
Address,	1016 E. Lombard st
Remarks,	

MAY 31 1927 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2828

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col
3. Date of Birth,	30 May 1888
4. Place of Birth, (Street and Number)	407 south Carlisle
5. Full Name of Mother,	agnes Johnson
6. Mother's Maiden Name,	agnes Lee
7. Mother's Birthplace,	King and Queen county
8. Full Name of Father,	Robert Johnson
9. Father's Occupation,	Farmer
10. Father's Birthplace,	King and Queen co
Name of Medical Attendant, or other Person who makes this Return.	Chester Henson
Address,	
Remarks,	

HEALTH DEPARTMENT BALTIMORE MAR 31 1888

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the residence of the parents at the time of the birth. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

...in Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) A 2829

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4. 1888

4. Place of Birth, (Street and Number) 318 S. Elricker

5. Full Name of Mother, Maggie Coons

6. Mother's Maiden Name, Maggie Burns

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Geo. M Coons

9. Father's Occupation, R.R. Engineer

10. Father's Birthplace, W. Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. K. Wiley 403 W. Lombard St

Address,

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance over the mother immediately thereafter, it shall be the duty of the mother of such child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines are now recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second A. 2830

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* May 7th 1888
4. *Place of Birth,* (*Street and Number*) 93 N. Preston Street
5. *Full Name of Mother,* Fannie Brooks
6. *Mother's Maiden Name,* Fannie Brudal
7. *Mother's Birthplace,* Baltimore ~~Fannie Brudal~~
8. *Full Name of Father,* Wallis B. Brooks Jr
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Wilson

Address, 814 Park Avenue

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILFORD & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Anita Hirzel

A 2831

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 10. 1888
4. Place of Birth, (Street and Number) Cor. Warner & Bare
5. Full Name of Mother, Annie Hirzel
6. Mother's Maiden Name, Annie Strecker
7. Mother's Birthplace, Germany
8. Full Name of Father, Johnnie. Hirzel
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Switzeland

Name of Medical Attendant, or other Person who makes this Return. F.K. Wiley

Address, 405 W. Lombard St.

Remarks,

MAY 31 1888 BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Preston Nicewarner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 2832.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 17. 1888
4. Place of Birth, (Street and Number) 505 Penna Ave
5. Full Name of Mother, Emma Nicewarner
6. Mother's Maiden Name, Emma Manuel
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Wesley P. Nicewarner
9. Father's Occupation, Cutter
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiles MD

Address, 405 W. Lombard St.

Remarks,

BALTIMORE CITY BOARD OF HEALTH

1st of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of the ... certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ... for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2833

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female Twins
2.	*Race or color, (if not of the white race)*	
3.	*Date of Birth,*	20th May
4.	*Place of Birth, (Street and Number)*	55 Marsh Market Space
5.	*Full Name of Mother,*	Henryette Miller
6.	*Mother's Maiden Name,*	Siemon
7.	*Mother's Birthplace,*	Europe
8.	*Full Name of Father,*	Hermann Miller
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Europe
	Name of Medical Attendant, or other person who makes this Return.	Sarah Gosper
	Address,	1016 E. Lombard st
	Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5 Child A 2534
1. Sex, (*State whether male or female*)	Female
2. Race or color, (*if not of the white race*)	
3. Date of Birth,	May 27 — 1888.
4. Place of Birth, (*Street and Number*)	1411 Hanover st.
5. Full Name of Mother,	Julia Gragore
6. Mother's Maiden Name,	Lies
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Gragore
9. Father's Occupation,	Can-maker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser Midwife
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case or the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of Midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to make the said return, and should no other person be in attendance upon the mother, immediately thereafter, to make the said return, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. MAY 31 1888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth A. 2-835
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 24th 1888
4. Place of Birth (Street and Number)	524 N. Carrollton Ave
5. Full Name of Mother	Clara E. Graff
6. Mother's Maiden Name	Clara E. Rickard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles N. Graff
9. Father's Occupation	Baker in Horticulture
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. F. Benson M.D.
Address	1047 Hollins st
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A 2836
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 25 — 1888
4. *Place of Birth, (Street and Number)*	1014 Eutaw st
5. *Full Name of Mother,*	Maggie Funk
6. *Mother's Maiden Name,*	Markoff
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Emil Funk
9. *Father's Occupation,*	Store-keeper
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife
Address,	1032 Hanover st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so report its birth to the Commissioner of Health in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 26th 1888
4. *Place of Birth, (Street and Number)*	137 Camden Street
5. *Full Name of Mother,*	Mary Garaghty
6. *Mother's Maiden Name,*	Mary O'Donnell
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Garaghty
9. *Father's Occupation,*	Private U. S. Army
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Hegesippus Tibbleiser
Address,	641 S. Paca Street
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MURRAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2638

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 26 1858.
4. Place of Birth, (Street and Number)	1209 Light st
5. Full Name of Mother,	Gusta Diekmhardt
6. Mother's Maiden Name,	Ehoff
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Julius Diekmhardt
9. Father's Occupation,	Confectioner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	L. Schwaser Midwife
Address,	1032 Hanover st.
Remarks,	

register of such births, and shall contain a list of the births returned, the full name of each child, name and the [illegible] This schedule shall be certified by the said Registrar to be a true copy of the original register, and shall set forth as in the original the name and occupation of the parents, the date and place of birth, and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred; the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any person being shall occur without the attendance of a physician or practitioner of midwifery, or should no other person being attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First — A 2534
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th 1888
4. Place of Birth (Street and Number)	No. 644 North Carey St.
5. Full Name of Mother	Cora May Baggs.
6. Mother's Maiden Name	" " Smeak.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Walter Baggs
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. Ridgely Hammond M. D.
Address	No. 502 N. Carey St.
Remarks	

HEALTH DEPARTMENT BALTIMORE, MD. 188

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child A 2440

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 27 1888
4. *Place of Birth, (Street and Number)* Barnes st. 1417
5. *Full Name of Mother,* Dina Nolde
6. *Mother's Maiden Name,* Dina Nolde
7. *Mother's Birthplace,* Königr. Hanover
8. *Full Name of Father,* Fred Nolde
9. *Father's Occupation,* Baarkeeper
10. *Father's Birthplace,* Osnabrück Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schumann

Address, 1436 Canton Ave.

Remarks,

BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A. 2811 1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	29th of May
4. Place of Birth (Street and Number),	1106 west Baltimore
5. Full Name of Mother,	Louise Heelle
6. Mother's Maiden Name,	Louise Phillippi
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Eduard Heelle
9. Father's Occupation,	Cigar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Heuler Midwife
Address,	No 2116 West Baltt
Remarks,	

and shall not forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

MAY 31 1881 BALTIMORE

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3842

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 20
4. *Place of Birth, (Street and Number)* Scott St No 404
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Alice Magey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Blank
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Harrigan

Address, No 1112 Scott St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same may be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 2843

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, May 24, 1883.
4. Place of Birth, (Street and Number) Harford road, near Lucky Lane (3rd W.)
5. Full Name of Mother, Mary L. Connell.
6. Mother's Maiden Name, Mary L. McDonald.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Patrick J. Connell.
9. Father's Occupation, Stonecutter.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Chas. A. Connell, M.D.

Address, 1241 Harford ave.

Remarks,

Health. The person giving information required by this section concerning a birth or births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 28414

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 26th 1888

4. Place of Birth, (Street and Number) 176 Robert St

5. Full Name of Mother, Susannah V. Stafford

6. Mother's Maiden Name, Henderson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James A. Stafford

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Mastin Brown M.D

Address, A 1106 McCulloh St

Remarks,

Of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been omitted in a former return) the full name and residence of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 2645

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 1888

4. Place of Birth, (Street and Number) 410 Franklin Street

5. Full Name of Mother Anna Klemm

6. Mother's Maiden Name, " Shultz

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Chas H. Klemm Jr

9. Father's Occupation, Telegraphist

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. Thomas Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

RECEIVED JUN 1 1888 REGISTRAR BALTIMORE

...shall be made within three days after the birth to the Registrar of the Commissioner of Health. And whosoever shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been considered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2846

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	May the 24th
4. *Place of Birth, (Street and Number)*	Baltimore extended E Bay
5. *Full Name of Mother,*	Elizabeth A Harvey
6. *Mother's Maiden Name,*	ryan
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Howard r Harvey
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St No 1614
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. PULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (State whether male or female) Female D 2847

2. Race or color, (if not of the white race)

3. Date of Birth, May 26th

4. Place of Birth, (Street and Number) No 3 East Hill St

5. Full Name of Mother, Maggie F. Lemity

6. Mother's Maiden Name, Maggie L. Price

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles F. Lemity

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Minich

Address, 800 Leadenhall St

Remarks,

HEALTH DEPARTMENT JUN 1 1898 BALTIMORE MD

Note.—The physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first A 1842
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	26 may 1866
4. Place of Birth (Street and Number),	826 Aisquith st
5. Full Name of Mother,	minnie Ballantyne
6. Mother's Maiden Name,	minnie yeakle
7. Mother's Birthplace,	Frederick md
8. Full Name of Father,	Wm h Ballantyne
9. Father's Occupation,	clerk
10. Father's Birthplace,	Washington DC
Name of Medical Attendant, or other person who makes this Return.	mrs Charity Jones
Address,	101 mulberry st
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 7649

1. Sex, (state whether male or female) White - Male

2. Race or Color, (if not of the white race) White -

3. Date of Birth, May 27: 2 35 A M. Forceps

4. Place of Birth, (Street and Number) 842 E. Pratt St -

5. Full Name of Mother, Mary Robinson

6. Mother's Maiden Name, M C. Letterer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wm. David Robinson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return, James E Donnelly M D

Address, 1701 E Baltimore St.

Remarks,

any) shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A 2100

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 28th 1886.
4. Place of Birth, (Street and Number) 527 N. Fulton av.
5. Full Name of Mother, Carrie G. Dodge.
6. Mother's Maiden Name, Ashman.
7. Mother's Birthplace, Balto City. Md.
8. Full Name of Father, Frederick A. Dodge.
9. Father's Occupation, merchant.
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith,

Address, Fulton av. & Carlton.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-31-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William B. Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child A 2161
1. Sex, (State whether male or female)	Boy.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	28th of May 1888.
4. Place of Birth, (Street and Number)	105 North Cassel St.
5. Full Name of Mother,	Katie (~~Adams~~) Davis
6. Mother's Maiden Name,	Katie (~~Davison~~) Adams
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William ~~Davison~~ Davis
9. Father's Occupation,	Stivedor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. for Justina Kunkel
Remarks,	Healthy.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall be the duty of the parent or parents, or in case of the absence of the parents, the head of the family in which such child is born, or the owner or agent of the premises where such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.) A 2852

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race)
3. Date of Birth, May 28th 88
4. Place of Birth, (Street and Number) 122 W. Camden St
5. Full Name of Mother, Mrs Henrietta Stange
6. Mother's Maiden Name, Rossbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Stange
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Thomas

Address, 800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the name of the parents, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; its

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2353

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 29. 1881
4. *Place of Birth, (Street and Number)*	11 E. Cath. Ave.
5. *Full Name of Mother,*	Mrs. Frances Cecilia Locke Reed
6. *Mother's Maiden Name,*	Miss Frances Cecilia Locke
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	James Francis Reed
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	C. C. Lusk M.D.
Address,	1000 E. Balt. St.
Remarks,	Natural Delivery

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2654

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (State whether ~~male or~~ female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 29 May
4. *Place of Birth, (Street and Number)* 341 Parkin ave
5. *Full Name of Mother,* Kate Schoen
6. *Mother's Maiden Name,* Hoffmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Schoen
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Mundy

Address, 800 Gaudenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 7855

No. of Child of Mother. (~~state whether 1st, 2d, 3d, &c.~~)	11th
1. Sex, (~~state whether~~ male ~~or female~~)	
2. Race or Color, (~~if not of the~~ white ~~race~~)	
3. Date of Birth,	May 30th 1888, 11 P.M.
4. Place of Birth, (Street and Number)	2030 E Pratt St
5. Full Name of Mother,	Attie Cranmer
6. Mother's Maiden Name,	" Dey
7. Mother's Birthplace,	New Jersey
8. Full Name of Father,	Thomas B. Cranmer
9. Father's Occupation,	Ship owner, ship Chandler, &c,
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return	Alex Pitcher M.D
Address,	1102 E Balto St
Remarks,	

"Every midwife or other person who shall assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore May 31 1888.

A 2866

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* May 30. 1888.
4. *Place of Birth (Street and Number),* 616 South Washington St.
5. *Full Name of Mother,* Caroline Klein
6. *Mother's Maiden Name,* Caroline Scheible.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Charles Klein.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend.

Address, 410 South Wolfe St.

Remarks, O.K.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2nd, &c.) A. 2657

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth, May 30th
4. Place of Birth, (Street and Number) 1136 Hanticoke St
5. Full Name of Mother, Lina Schweinsberg
6. Mother's Maiden Name, Lina Neubert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Schweinsberg Jr
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Catherine Mensch

Address, 808 Leadenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Appel — A 7858

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 31 1885
4. *Place of Birth, (Street and Number)* 710 Light Street Baltimore Md
5. *Full Name of Mother,* Mrs (Elizabeth) (Estelle) Appel
6. *Mother's Maiden Name,* Elizabeth (Kate) Ginter
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John (Adolph) Appel
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Mauch

Address, 808 Leadenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2259

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether ~~male~~ or female)
2. Race or color, (if not of the white race)
3. Date of Birth, May 1st
4. Place of Birth, (Street and Number) 806 Leadenhall St
5. Full Name of Mother, Mary Meisner
6. Mother's Maiden Name, " " Munch
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Meisner
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherina Munch

Address, 802 Leadenhall St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, upon the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 of May A 7862

1. *Sex, (State whether male or female)* Femail
2. *Race or color, (if not of the white race)* White race
3. *Date of Birth,* 2d of May
4. *Place of Birth, (Street and Number)* 160 W West St
5. *Full Name of Mother,* Carrie Baker
6. *Mother's Maiden Name,* Carrie Baker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geoge Mcelroy.
9. *Father's Occupation,* black Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Mennick

Address, 800 Deadenwell St.

Remarks.

GEO. C. G. GALANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 2861

1. *Sex, (State whether male or ~~female~~)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 2th May
4. *Place of Birth, (Street and Number)* Sharp St No 1131
5. *Full Name of Mother,* Auguste Niemann
6. *Mother's Maiden Name.* Lecko
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Niemann
9. *Father's Occupation,* V A Inspector
10. *Father's Birthplace,* Hamburg

Name of Medical Attendant, or other person who makes this Return. Catherine Munch

Address, 800 Leadenhall St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 7862
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth.*	may the 6th
4. *Place of Birth, (Street and Number)*	Baltimore Barre St 216
5. *Full Name of Mother.*	Mary A Myers
6. *Mother's Maiden Name.*	Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry R Myers
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Flathers
Address,	Light St No 1514
Remarks,	

...nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have n conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the d schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and d day of each and every month, to the office of the Commissioner of Health. In case any child ll occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ndance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ld to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ed to the fine of ten (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	3rd — A 7663
1. *Sex,* (*State whether male or female*)	Female
2. ~~*Race or color,*~~ (*if not of the white race*)	
3. *Date of Birth,*	7th May
4. *Place of Birth,* (*Street and Number*)	Cor. Gay & Aliceanna
5. *Full Name of Mother,*	Celia Becker
6. *Mother's Maiden Name,*	" " Kaufman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Leo Becker
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Mangan
Address,	800 Leadenhall St.
Remarks,	

BALTIMORE CITY REGISTRY

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1-11-36

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Jasper O'Connell 2d — A 2664

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 2

1. *Sex,* (state whether male or female) Female
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth,* May 10 - 1885
4. *Place of Birth,* (Street and Number) 1309 W Lanvale St.
5. *Full Name of Mother,* Clara E. O'Connell
6. *Mother's Maiden Name,* O'Connor
7. *Mother's Birthplace,* England
8. *Full Name of Father,* William O'Connell
9. *Father's Occupation,* Carriage Maker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mahoney Brown M.D.

Address, 1106 N. Carlton St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Margaret L. Hettrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 7865

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, Mai 13th 1888
4. Place of Birth, (Street and Number) Bolley Ave 1508
5. Full Name of Mother, Christine Hettrich
6. Mother's Maiden Name, Christine Kunsel
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank (Lemann) Hettrich
9. Father's Occupation, Salesman
10. Father's Birthplace, Bingen a/Rhine Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Meyer

Address, 800 Leadenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Children A 2866

1. Sex, (state whether male or female) Both. Male & Female - Twins

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20 : 11 40 P.M. 1888

4. Place of Birth, (Street and Number) 2040 E Madison St

5. Full Name of Mother, Christina Conrad

6. Mother's Maiden Name, Christine Winterlein

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Henry Conrad

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return, Emma E Drinkle M.D

Address, 1707 E Balto St.

Remarks,

HEALTH DEPARTMENT BALTIMORE

This schedule shall contain a list of the births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the name of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2667
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	May 22nd
4. *Place of Birth, (Street and Number)*	Baltimore Hanover St No 15
5. *Full Name of Mother,*	Stella Voglesang
6. *Mother's Maiden Name,*	Evens
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Voglesang
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hatteron
Address,	Eight St No 1514

The attendant shall contain a list of the births which have occurred under his or her care during the ... shall set forth as far as the same can be ascertained the full name of each child, if any shall have ... its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... each and every month to the office of the Commissioner of Health. In case the birth of any child ... without the attendance of a physician or practitioner of midwifery, or should no other person be in ... upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... port its birth to the Commissioner of Health, in the manner and within the period above required, and ... person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ... fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th. A 2368

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* May 23d - 1888.
4. *Place of Birth, (Street and Number)* 2103 W. Lexington st.
5. *Full Name of Mother,* Mary E. Hannon.
6. *Mother's Maiden Name,* Campbell.
7. *Mother's Birthplace,* Philadelphia - Penna.
8. *Full Name of Father,* Thomas F. Hannon.
9. *Father's Occupation,* Insurance.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith M.D.

Address, Hebron av. & Callowhill st.

Remarks,

...shall be furnished by the Commissioner of Health. This schedule shall contain a ...first of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner or midwife, it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2564

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	23 May 1878
4. Place of Birth, (Street and Number)	1433 Rhubert St
5. Full Name of Mother,	Emma Rollman
6. Mother's Maiden Name,	Cowel
7. Mother's Birthplace,	Nansimond Co Va
8. Full Name of Father,	Louis Rollman
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Cumberland Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Yewell
Address,	S. 16 Fort ave
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars

Isaac Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2270
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 23rd 88
4. Place of Birth, (Street and Number)	345 Robert St
5. Full Name of Mother,	Alice Bryant
6. Mother's Maiden Name,	Alice Harris
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	Howard Bryant
9. Father's Occupation,	Lawyer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Dennis
Address,	400 Cathedral St.
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set, forth as far as the same can be ascertained the full name of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A 2 871
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 4 - 88
4. *Place of Birth, (Street and Number)*	235 N. Washington St
5. *Full Name of Mother,*	Sarah. Hurkins
6. *Mother's Maiden Name,*	" Flynn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John. Hurkins
9. *Father's Occupation,*	Horse Shoer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, the color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2872

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 1 — 1888
4. *Place of Birth, (Street and Number)* 1417 E Lombard
5. *Full Name of Mother,* Minni Blumm
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

1901 J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 A 2873

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 1 - Day 1885
4. *Place of Birth, (Street and Number)* 1413 Lough
5. *Full Name of Mother,* Bridget Donovan
6. *Mother's Maiden Name,* Gibbs
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Tim Donovan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Mary

Address, 429 E Pratt St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	May 1st 1888.
4. Place of Birth (Street and Number),	529 Eutaw St.
5. Full Name of Mother,	Rebecca Goldsmith.
6. Mother's Maiden Name,	Rebecca Wurtzburger
7. Mother's Birthplace,	Balto City.
8. Full Name of Father,	Joseph Goldsmith.
9. Father's Occupation,	Merchant.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Wolf Simons
Address,	309 W Eutaw St
Remarks,	

Register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2875

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race)
3. Date of Birth, May 1st 1903
4. Place of Birth, (Street and Number) 1618 Gaulbyard.
5. Full Name of Mother, Emma H. Baker
6. Mother's Maiden Name, " Gardner
7. Mother's Birthplace, Md.
8. Full Name of Father, Ely H. Baker
9. Father's Occupation, Farmer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Ely

Address, 1911 Gaulbyard

Remarks,

Health. This schedule shall contain a list of the births which have occurred since this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and the place of birth; and the said schedule shall be delivered, duly signed by the proper party, with the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person on the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

BM J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2-876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st May 1888
4. *Place of Birth, (Street and Number)*	323 Fort Ave
5. *Full Name of Mother,*	Addie Crispens
6. *Mother's Maiden Name,*	Poteet
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Crispens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Yewell
Address,	716 Fort Ave
Remarks,	

and shall enter the same on a blank schedule to be furnished by the [illegible] of Health. This schedule shall contain a list of the births which have occurred under his or her cognizance the [illegible] set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, [illegible] name and occupation of its parents, the date and [illegible] and the name of the attendant. Such return shall be made in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2877.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 4

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*)
3. *Date of Birth,* May 8th 1899
4. *Place of Birth,* (*Street and Number*) 1603 Linn st
5. *Full Name of Mother,* Maggie Jackets
6. *Mother's Maiden Name,* Linn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Jackets
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bond st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred; its sex, color, the full name and occupation of its parents, the place and date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Every midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... STATIONERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3A-2879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 3/88
4. *Place of Birth, (Street and Number)*	No 425 Eastern Ave
5. *Full Name of Mother,*	Sola Frick
6. *Mother's Maiden Name,*	Bischoff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Friedrich Frick
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kiefel
Address,	No 405 S. Washington Ave.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 1 32879
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 3/28
4. *Place of Birth, (Street and Number)*	No 2000 Bank St.
5. *Full Name of Mother,*	Kunigunda Hagen
6. *Mother's Maiden Name,*	Döffler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Konrad Hagen
9. *Father's Occupation,*	Labored
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Graf C.M.
Address,	No 405 S. Washington Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th May
4. Place of Birth, (Street and Number) 2227 Bank St.
5. Full Name of Mother, Elizabeth Adeline Harp
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, City
8. Full Name of Father, Nicholas Shaw Harp
9. Father's Occupation, Steam Engineer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Sons M.D.

Address, 1835 E. Balto. St.

Remarks,

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

KEE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2881
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th
4. *Place of Birth, (Street and Number)*	1026 William St
5. *Full Name of Mother,*	Maggie Davis
6. *Mother's Maiden Name,*	" Dolan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Edward D. Davis
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. Bruce Todd
Address,	511 Hanover
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY II CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 7882

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 5th 1898
4. Place of Birth, (Street and Number) Maternite 115 N. Lombard str
5. Full Name of Mother, Jennie Jones
6. Mother's Maiden Name, Ditto.
7. Mother's Birthplace, West Virginia
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. A. O'Donnell M.D.

Address, Maternite Hospital 115 N. Lombard st

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred since the ... last preceding the date of the return by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2883
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	May 5th 1898.
4. Place of Birth (Street and Number),	1406 Holland St.
5. Full Name of Mother,	Sarah Davis.
6. Mother's Maiden Name,	Sarah Goldman.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Joseph Davis.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. W. Thomkins
Address,	309 N Eutaw St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth A. 2884
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 6 — 88
4. *Place of Birth, (Street and Number)*	1005 N. Wolfe St
5. *Full Name of Mother,*	Gertrude Shaughnessy
6. *Mother's Maiden Name,*	" Curtain
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Shaughnessy
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	N. Y.
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Atwell
Address,	912 Mc Donogh St
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2885

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) white.
4. Date of Birth May 7th 1888.
5. Place of Birth, (Street and Number) 626 N. Calvert St.
6. Full Name of Mother, Emma Howard de Maguondo
7. Mother's Maiden Name, Emma Howard
8. Mother's Birthplace, St Mary's Co Md.
9. Father's Occupation, Consul for Argentine Repub.
10. Father's Birthplace, South America.

Name of Medical Attendant, or other Person who makes this Return. Archer A Hinson M.D.

Address, Office 311 N. Charles St.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] it shall become the duty of the parents of such child, to be in attendance upon the mother, immediately thereafter, and within the period of [illegible] days, and any such person or persons who may neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD JUN 1888

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Should the birth of any child occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUN 1 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2885

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, May 13/88
4. Place of Birth, (Street and Number) No 1695 Felix Ann St
5. Full Name of Mother, Lina Winterling
6. Mother's Maiden Name, Kellner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Winterling
9. Father's Occupation, Sattler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 7887

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, May 13 1888
4. Place of Birth, (Street and Number) No 2217 Essex St
5. Full Name of Mother, Mary Grabau
6. Mother's Maiden Name, Rusche
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Grabau
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Straffi

Address, No 405 S. Washington Pl

Remarks,

Failure on the part of any person required by the Commissioner of Health to furnish the same on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on such schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	5th May
4. Place of Birth, (Street and Number)	912 Columbia Ave
5. Full Name of Mother,	Hettie Johns
6. Mother's Maiden Name,	" " Dove
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Oscar Johns
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Catherine Seibach
Address,	No 735 Pratt street
Remarks,	

BALTIMORE MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 28189
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	may 5th 1888
4. *Place of Birth, (Street and Number)*	1100 Columbia ave
5. *Full Name of Mother,*	Annie Loftus
6. *Mother's Maiden Name,*	" Clark
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	A M Loftus
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Chas R Graham M.D.
Address,	722 Columbia ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

WM. J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth A 2890
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 5 - 88
4. Place of Birth, (Street and Number)	1905 E. Chase St
5. Full Name of Mother,	Mary A. Brown
6. Mother's Maiden Name,	" Thorney
7. Mother's Birthplace,	Md
8. Full Name of Father,	John Brown
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th May 1878
4. Place of Birth, (Street and Number) 130 S. Washington St.
5. Full Name of Mother, Christina Marguard
6. Mother's Maiden Name, Heller
7. Mother's Birthplace, City
8. Full Name of Father, Charles Phillip Marguard
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, 1835 E Baltimore St.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. DUNN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 28692

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 6th
4. *Place of Birth, (Street and Number)*	No 22 E. Hill St
5. *Full Name of Mother,*	Mary Clinton
6. *Mother's Maiden Name,*	" Cooley
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	James Clinton
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D
Address,	511 W Saratoga St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 A 2895
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 6/88
4. *Place of Birth, (Street and Number)*	N° 26 Ducan Alley
5. *Full Name of Mother,*	Lisbeth Groshopp
6. *Mother's Maiden Name,*	Messel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Valentine Groshopp
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N° 405 S. Washington St
Remarks,	

J. S. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 28694
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 7th 1888
4. *Place of Birth, (Street and Number)*	1155 Baltimore St & Central av
5. *Full Name of Mother,*	Mary Ritterhof
6. *Mother's Maiden Name,*	" Schmiller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernst Ritterhof
9. *Father's Occupation,*	Stove & Tin Business
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 Monument St & Central av.
Remarks,	All Well

SECTION 7.—And be it further enacted that every person required by this ordinance to register a birth in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

CERTIFICATE CORRECTED 4-28-42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Katherine Schuetta

A. 28915

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 1st 1922
4. Place of Birth, (Street and Number) 1805 Fayette Street
5. Full Name of Mother, Kate (Schuetz) Schuetta
6. Mother's Maiden Name, " " Feltz
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry (Schuetz) Schuetta
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Cecil

Address, 1744 Bank St

Remarks,

...register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child of any such have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 2696
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 8th 1896
4. *Place of Birth, (Street and Number)*	Maternité 115 N. Lombard St.
5. *Full Name of Mother,*	Susan Hill.
6. *Mother's Maiden Name.*	Ditto
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return.	A. O. Randolph M.D.
Address,	Maternité Hospital 115 N. Lombard St.
Remarks,	

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 2891
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 8th 1880
4. *Place of Birth, (Street and Number)*	1713 Fremont St.
5. *Full Name of Mother,*	Ella Carson
6. *Mother's Maiden Name,*	Ella Shriner
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Albert L Carson
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	725 Druid Hill Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. H. A. 2898
1. *Sex, (State whether male or female)*	female.
2. *Race or color, (if not of the white race)*	white.
3. *Date of Birth,*	May 9.
4. *Place of Birth, (Street and Number)*	Hamburg St 121.
5. *Full Name of Mother,*	Lizzie Lang
6. *Mother's Maiden Name,*	Lizzie Bode
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Lang
9. *Father's Occupation,*	Cabinetmaker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Abg'te Byrien.
Address,	927 South Linsey St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. D. BULGIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been reported to him since the last month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 2899

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 9/98
4. Place of Birth, (Street and Number) No 2347 Eastern Ave
5. Full Name of Mother, Lisbeth Lorenz
6. Mother's Maiden Name, Ullrich,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lorenz
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

WM. J. SULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 2900
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 9th 1888
4. *Place of Birth (Street and Number),*	1329 Mount St
5. *Full Name of Mother,*	Ida Brittain
6. *Mother's Maiden Name,*	Luck
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Danl Brittain
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler M.D
Address,	2100 Druid Hill Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been correctly, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person having the charge of the mother, immediately thereafter it shall become the duty of the person or persons having the charge of any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A. 2901
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 10 1888
4. *Place of Birth, (Street and Number)*	1001 Hillman St.
5. *Full Name of Mother,*	Maggie Foster
6. *Mother's Maiden Name,*	" Geary
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	N. F. Foster
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Fremont Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. J. GILMAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel May Auld 1st. A. 2902

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of May 1888
4. Place of Birth, (Street and Number) 2252 Orleans St.
5. Full Name of Mother, Elizabeth Ellen Auld
6. Mother's Maiden Name, Wood
7. Mother's Birthplace, City
8. Full Name of Father, Hugh Auld
9. Father's Occupation, File Clerk in Post Office
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks, GIVEN NAME ADDED. 5-24-54 L.M.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his charge the month, and shall set forth, as far as the same can be ascertained, the full name of each child any name shall have been conferred), its sex, color, the full name and occupation of its parents, the places of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the certificate, between the first and third day of each and every month to the Board of Health. If birth of any child shall occur without the attendance of a physician, or of a practitioner of midwi should no other person be in attendance upon the mother, immediately thereafter, it shall then become duty of the parent or parents of such child to report its birth to the Board of Health as herein within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. HIGH & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Negro
3. *Date of Birth,*	May 10 1898
4. *Place of Birth, (Street and Number)*	305 Bethel Row
5. *Full Name of Mother,*	Cheney J. ~~Emory~~ Garrett
6. *Mother's Maiden Name,*	Emory
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. W. Garrett
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Keys
Address,	1427 E. Fall Av.
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex (state whether male or female),* Male — A 2904
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 11th day of May 1888
4. *Place of Birth (Street and Number),* 812 Ridgely St.
5. *Full Name of Mother,* Alice Scheiking
6. *Mother's Maiden Name,* Alice Parina
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Scheiking
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Willhelmina Benisch

Address, 421 N. Barrett st.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NEVER MADE ABOVE 5-0-36

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mathilde Barcda Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 2905

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th May, 1888
4. Place of Birth, (Street and Number) 2434 Fairmount Ave.
5. Full Name of Mother, Mattie Barcda Wagner
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, New York City
8. Full Name of Father, William Edward Wagner
9. Father's Occupation, Bank Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. F. Byrne M.D.

Address, 1835 E. Baltimore St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or [illegible] it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 2906

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1888
4. *Place of Birth, (Street and Number)* ~~#~~ 411 S. Paca St.
5. *Full Name of Mother,* Annie Bauer
6. *Mother's Maiden Name,* Stahle
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Richard Bauer
9. *Father's Occupation,* Shoe case Manf'y
10. *Father's Birthplace,* Phila

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address, Hanover St.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 2907

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, May 12th 1888
4. Place of Birth, (Street and Number) 607 Chapple st
5. Full Name of Mother, Maggie Kneessmiller
6. Mother's Maiden Name, " " Schreiner
7. Mother's Birthplace, Md
8. Full Name of Father, William Kneessmiller
9. Father's Occupation, Copper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Selz

Address, 1111 Bank st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, the date when born, been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 2908
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 13th 1888
4. *Place of Birth, (Street and Number)*	515 Madeira Alley
5. *Full Name of Mother,*	Mary Gerlach
6. *Mother's Maiden Name,*	Mary Gramer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Gerlach
9. *Father's Occupation,*	Poltry Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A Butt
Address,	1245 Monument St. & Central ave.
Remarks,	Well

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. Said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

378 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the name which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Twin A. 29081

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1898
4. *Place of Birth, (Street and Number)* 515 Madaria Alley
5. *Full Name of Mother,* Mary Gerlach
6. *Mother's Maiden Name,* Mary Gramer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Gerlach
9. *Father's Occupation,* Poultry Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. M. V. Butt

Address, 1245 Monument St. & Central av

Remarks, All Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 2969

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 31st 1888
4. Place of Birth (Street and Number), 1221 Druid Hill Ave.
5. Full Name of Mother, Maggie Bell Cornelius
6. Mother's Maiden Name, New Man
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard A. Cornelius
9. Father's Occupation, Merchant
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. E. F. Lee M.D.

Address, 602 N Carey st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 2910
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 13th 19
4. *Place of Birth, (Street and Number)*	No 1240 S. Eutaw
5. *Full Name of Mother,*	Ellen Sheils
6. *Mother's Maiden Name,*	" Purcell
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Sheils
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D.
Address,	511 Hanover St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2A. 911
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 13/05
4. *Place of Birth, (Street and Number)*	No 1715 E Pratt St
5. *Full Name of Mother,*	Sophie Coburn
6. *Mother's Maiden Name,*	Gebodh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jefferson Coburn
9. *Father's Occupation,*	Stone cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Krafft
Address,	No 405 S. Wesh ington Pl
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 " A. 2912
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 14 "
4. Place of Birth (Street and Number),	1709 Aisquith St.
5. Full Name of Mother,	Mary Kelly
6. Mother's Maiden Name,	Mary Henry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Kelly
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Florentine Gutbelet
Address,	1504 Aisquith St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2913

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 14th 1888
4. Place of Birth, (Street and Number) 914 Regester st
5. Full Name of Mother, Lena Edgers
6. Mother's Maiden Name, " " Shamer
7. Mother's Birthplace, Poland
8. Full Name of Father, Morris Edgers
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1 Eutaw Court

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or midwife, or other person required, he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that [illegible] person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately after the birth become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any [illegible] and said forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 11th 1828
4. Place of Birth, (Street and Number) 1200 Bank st
5. Full Name of Mother, Eliza Brown
6. Mother's Maiden Name, " " Lang
7. Mother's Birthplace, Md
8. Full Name of Father, John Brown
9. Father's Occupation, Captain
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Brown

Address, 1200 Bank st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A. 2915

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May. 14. 1888.
4. *Place of Birth (Street and Number),* 604 W. Hamburg st
5. *Full Name of Mother,* Lizzie Meyer
6. *Mother's Maiden Name,* Lizzie Victorius
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frederick Adam Meyer
9. *Father's Occupation,* Gold beater
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 421 W. Barre st.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 2916

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 14th 1888
4. *Place of Birth, (Street and Number)*	13 S. Broadway
5. *Full Name of Mother,*	Amelia P. Koestner Lemkuhle
6. *Mother's Maiden Name,*	Amelia P Koestner
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Mathias A Lemkuhle
9. *Father's Occupation,*	shoe maker
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Dr C Benzinger
Address,	Broadway & Fleet
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 4 1888 BALTIMORE, MD

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 2917

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 14/88
4. Place of Birth, (Street and Number) No 104 S. Wolf St.
5. Full Name of Mother, Annie Evans
6. Mother's Maiden Name, Bane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Evans
9. Father's Occupation, Captain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A 2715

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, 15th May
4. Place of Birth, (Street and Number) 815 N. Gilmor St.
5. Full Name of Mother, Henrietta Carolina Theodora Clarke Richter
6. Mother's Maiden Name. "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Benjiman Hedeline Clarke
9. Father's Occupation, Clerk
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Thos. Sinclair M.

Address, 106 Monroe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 2914

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 14
4. *Place of Birth (Street and Number)*	927 Leadenhall St
5. *Full Name of Mother*	Helen Miller
6. *Mother's Maiden Name*	" Campher
7. *Mother's Birthplace*	City
8. *Full Name of Father*	George Miller
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Goldsboro, Co
Name of Medical Attendant, or other Person who makes this Return.	Francis Granby
Address	936 Leadenhall St
Remarks	Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] first and third days of each and every month [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 D. A. 2 9-20
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	May 11 D.
4. *Place of Birth, (Street and Number)*	Butler Ave 829.
5. *Full Name of Mother,*	Elisabeth Wright.
6. *Mother's Maiden Name,*	Elisabeth Morday.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Wright.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	August Bojien
Address,	917 South Library Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A 2921
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 16th 1888
4. *Place of Birth, (Street and Number)*	2133 Easton ave,
5. *Full Name of Mother,*	Rosina Fitzberger
6. *Mother's Maiden Name,*	" " Gehl
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	John Fitzberger
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs Eliza Bell
Address,	1941 Bank st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2922

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, May 17 1888
4. Place of Birth, (Street and Number) 1435 Jefferson Street
5. Full Name of Mother, Lucy Wheeler
6. Mother's Maiden Name, " " Baxter
7. Mother's Birthplace, City
8. Full Name of Father, George Wheeler
9. Father's Occupation, Carpenter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Daly

Address, 1214 Bank

Remarks,

SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, with such other facts as the same can be ascertained, the date of birth, and the name given to the child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7923

Tillie Christine Schene

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race).* White
3. *Date of Birth,* May 17, 1888
4. *Place of Birth (Street and Number),* 110 E. Pleasant St
5. *Full Name of Mother,* Tillie Schene
6. *Mother's Maiden Name,* Tillie Harle
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph B. Schene
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 421 N. Barre St.

Remarks, GIVEN NAME ADDED. 5-12-54 h.m.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under the charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank furnished to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 2924
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 17 1888
4. Place of Birth (Street and Number),	1370 Carey St
5. Full Name of Mother,	Alice Aylesworth
6. Mother's Maiden Name,	Becker
7. Mother's Birthplace,	Penna
8. Full Name of Father,	Ira Aylesworth
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Canada
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler MD
Address,	2100 Druid Hill Ave
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	18th of May 1888
4. *Place of Birth (Street and Number),*	No 2939 Hudson Street
5. *Full Name of Mother,*	Augustina Biermann
6. *Mother's Maiden Name,*	Augustina born Neumann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Biermann
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Pauline Liesemann
Address,	No 1225 Hare Street
Remarks,	

more under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter [illegible] a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2926

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6 th.
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	May 18th. 1888
4. *Place of Birth,* (*Street and Number*)	1715 Barnet St.
5. *Full Name of Mother,*	Lizzie Meil
6. *Mother's Maiden Name,*	Bänger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Con. Meil
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 Monument St & Centre av
Remarks,	All Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the data so obtained shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third A. 7927

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 18
4. *Place of Birth, (Street and Number)* Baltimore Barre st 5th 11
5. *Full Name of Mother,* Maggie Kineman
6. *Mother's Maiden Name,* Maggie Oneal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Kineman
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs A Shaffer

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6A 2738

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, May 18/98

4. Place of Birth, (Street and Number) No 953 N. Washington St

5. Full Name of Mother, Mary Bengel

6. Mother's Maiden Name, Distler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Bengel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KULMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 2929
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 19 88.
4. *Place of Birth, (Street and Number)*	1323 Hut
5. *Full Name of Mother,*	Marie K. Hamannsen
6. *Mother's Maiden Name,*	" " Hansen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christian P. Hamannsen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson MD
Address,	730 Gruntst Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS & STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 19th
4. *Place of Birth, (Street and Number)*	My 105 W. Camden St
5. *Full Name of Mother,*	Louisa Friedrich
6. *Mother's Maiden Name,*	" Knell
7. *Mother's Birthplace,*	Mass Gotts
8. *Full Name of Father,*	Geo Friedrich
9. *Father's Occupation,*	barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	L. C. Bauch Jno
Address,	511 Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2931

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 19 1898
4. *Place of Birth, (Street and Number)*	1650 Hillman St.
5. *Full Name of Mother,*	Mary Keppel
6. *Mother's Maiden Name,*	Blomberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Keppel
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Shirey
Address,	1412 E. Fath St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full names and occupations of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the proper office Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d. A. 7932
1. *Sex, (State whether male or female)*	male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	11. 815. Hanover St.
4. *Place of Birth, (Street and Number)*	1 May 19 d.
5. *Full Name of Mother,*	Amy Feirter.
6. *Mother's Maiden Name,*	Amy Herdt.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Feirter.
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosen
Address,	927. South Eaton St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall specify the time and the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 2933
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May nineteenth 1888
4. *Place of Birth, (Street and Number)*	Maternite Hosp. 115 W. Lombard
5. *Full Name of Mother,*	Maggy Leuckle
6. *Mother's Maiden Name,*	Dillot
7. *Mother's Birthplace,*	Scotland
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	A. Vito Endel M.D.
Address,	115 West Lombard street.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	J. D. A. 2934
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	May 9th 19.
4. *Place of Birth, (Street and Number)*	922 Bleven A
5. *Full Name of Mother*	Ludovika Bridge.
6. *Mother's Maiden Name,*	Ludovika Meyer.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Bridge.
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Philadelphia.
Name of Medical Attendant, or other person who makes this Return.	Augusto Berien.
Address,	927 South Linwood St.
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BW J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2935

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, May 19th 1888
4. Place of Birth, (Street and Number) 231 S. Bond st.
5. Full Name of Mother, Celia Leonard
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Leonard
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Brentlinger

Address, 122 S. Exeter st.

Remarks,

GEO. J. B. KELLY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each birth the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child A. 1936

1. *Sex, (State whether male or female).* Female
2. *Race or color, (if not of the white race)* white race
3. *Date of Birth,* May the 20th
4. *Place of Birth, (Street and Number)* No 422 Conway Street
5. *Full Name of Mother,* Malie A. Burkhart.
6. *Mother's Maiden Name,* Eichholtz Malie
7. *Mother's Birthplace,* Newburg Germany
8. *Full Name of Father,* Saxton Burkhart
9. *Father's Occupation,* Whid ing [illegible]
10. *Father's Birthplace,* Newburg Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Cathrine Seebach

Address, No 735 W Pratt street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 2937

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20 1888.
4. Place of Birth (Street and Number)	828 Edmonson Ave
5. Full Name of Mother	Mrs Emma Clara Kellen
6. Mother's Maiden Name	Miss Emma Clara Stewart
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Joseph Henry Kellen
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Indiana
Name of Medical Attendant, or other Person who makes this Return.	Wm McNickerson, M.D.
Address	Arlington & Linden Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 2938

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, May 20th 1858
4. Place of Birth, (Street and Number) Maternity Hospital 115 W. Lombard St.
5. Full Name of Mother, Mary Palmer
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return S. W. Endel M.D.

Address, 115 W. Lombard str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3d A 7939
1. *Sex*, (*State whether male or female*)	female
2. *Race or color*, (*if not of the white race*)	white
3. *Date of Birth*,	May 20 1888
4. *Place of Birth*, (*Street and Number*)	525 Cross St
5. *Full Name of Mother*,	Annie Columbus
6. *Mother's Maiden Name*,	" Cowling
7. *Mother's Birthplace*,	Washington DC
8. *Full Name of Father*,	Louis Columbus
9. *Father's Occupation*,	Hatter
10. *Father's Birthplace*,	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham MD
Address,	
Remarks,	

BALTIMORE BIRTH REGISTRATION DISTRICT No. 2

WM. J. D. INGLEBY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 12 child A.Z. 140

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, May 20th
4. Place of Birth, (Street and Number) 811 South Eutaw Street
5. Full Name of Mother, Laura Palmer
6. Mother's Maiden Name, Laura Chandler
7. Mother's Birthplace, Acmack County
8. Full Name of Father, Henry Palmer
9. Father's Occupation, Draymon
10. Father's Birthplace, Acmack County

Name of Medical Attendant, or other person who makes this Return. Millie Groms

Address, 229 York Street

Remarks,

Baltimore under whose charge or superintendence a birth shall happen shall, within ten days after the birth, obtain the information required by this section from the parents of such child, or other persons having knowledge of the facts, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-24-62

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Stephen Wiseman A. 3941

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* May 21st, 1888
4. *Place of Birth (Street and Number),* No. 705 Iceland St.
5. *Full Name of Mother,* Catharine (~~Wiseman~~) Wiseman
6. *Mother's Maiden Name,* Hildenberg.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew (~~Wiseman~~) Wiseman
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. David V. Adelson

Address, Cr. Columbia & Fremont Ave.,

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A. 2942

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 21
4. Place of Birth, (Street and Number) Baltimore Ridgley st No 1011
5. Full Name of Mother, Jessie Broad
6. Mother's Maiden Name, Jessie Hamilton
7. Mother's Birthplace, England
8. Full Name of Father, John Broad
9. Father's Occupation, Book keeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, No 1139 Ridgley st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and [illegible] set forth as [illegible] been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2443
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 21 1888
4. *Place of Birth, (Street and Number)*	1101 Chestnut st.
5. *Full Name of Mother,*	Birdie Ocheer
6. *Mother's Maiden Name,*	" Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexander Ocheer
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Berlin, Germany
Name of Medical Attendant, or other person who makes this Return.	Chas R Graham M.D.
Address,	
Remarks.	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A. 2944
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 21st 88.
4. *Place of Birth, (Street and Number)*	829 Eason St. Balto.
5. *Full Name of Mother,*	Susan Finnegan
6. *Mother's Maiden Name,*	" Ward.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	L. B. Finnegan
9. *Father's Occupation,*	Freight Handler.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Ward.
Address,	829 Eason St.
Remarks,	

Baltimore City, whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, & they shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2945

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 21st 1888
4. *Place of Birth, (Street and Number)* 11 Mun st.
5. *Full Name of Mother,* Maggie Mate
6. *Mother's Maiden Name,* Ballard
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Conrad Maty
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mr Elza Bob

Address, 1244 Bank

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2-946

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex. (State whether male or female) Male.
2. Race or color, (if not of the white race) African. (Black)
3. Date of Birth, May 21st 1888.
4. Place of Birth, (Street and Number) #517. N. Duncan Alley.
5. Full Name of Mother, Josephine Johnson.
6. Mother's Maiden Name, Josephine Jones.
7. Mother's Birthplace, Baltimore City, Maryland.
8. Full Name of Father, George W. Johnson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore City, Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis.

Address, #235. N. Chester st.

Remarks, Natural delivery.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall happen shall every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the case of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 2947
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 22/868
4. *Place of Birth, (Street and Number)*	1742 E Madison St
5. *Full Name of Mother,*	Teresa Patterson Sudhoud
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Patterson
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 Mc Donogh St
Remarks,	

JUN 1 1868 BALTIMORE

KOLLMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2 9458
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	mulatto
3. *Date of Birth.*	May 12 1888
4. *Place of Birth, (Street and Number)*	739 Ireland st
5. *Full Name of Mother.*	Mary Williams
6. *Mother's Maiden Name.*	" Courtney
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Thos Williams
9. *Father's Occupation,*	Waiter,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2949

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* May 22nd 1888
4. *Place of Birth, (Street and Number)* 1722 Hampstead st.
5. *Full Name of Mother,* Katie Kaiser
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Kaiser
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Bernstein

Address, 122 S. Exeter st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, whether in private practice or as an assistant in any public institution, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2950

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 23. 1885
4. *Place of Birth, (Street and Number)*	1311 Dallis St.
5. *Full Name of Mother,*	Julia Neiman
6. *Mother's Maiden Name,*	Julia Blatz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adam Neiman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1245 Monument St. & Central av
Remarks.	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall happen, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2967

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 23rd 1882
4. *Place of Birth, (Street and Number)* 227 Wolfe st
5. *Full Name of Mother,* Maggie Burns
6. *Mother's Maiden Name,* " " Kenderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jacob Burns
9. *Father's Occupation,* Sugar maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell

Address, 1724 Gough

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2952
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 23rd 88.
4. *Place of Birth, (Street and Number)*	535 Exeter St. Balto.
5. *Full Name of Mother,*	Elisabeth Anderson.
6. *Mother's Maiden Name,*	" Miller
7. *Mother's Birthplace,*	Sommerset County
8. *Full Name of Father,*	Elwood Anderson.
9. *Father's Occupation,*	Wagoner.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ward.
Address,	829 S. Eutaw St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first A. 29673
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	24 day of May
4. Place of Birth (Street and Number),	No 3135 Elliott
5. Full Name of Mother,	Susanna Krueger
6. Mother's Maiden Name,	Kath
7. Mother's Birthplace,	Gottenbach. Germania
8. Full Name of Father,	Fredrich Krueger
9. Father's Occupation,	Workingmen
10. Father's Birthplace,	Lassan, Germania.
Name of Medical Attendant, or other person who makes this Return.	P. Liebermann
Address,	No 1225 Hare Street
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3954.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th
4. *Place of Birth, (Street and Number)*	Vanderhorst Lane . Belt
5. *Full Name of Mother,*	Annie Wineser
6. *Mother's Maiden Name,*	" Apfler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Wineser
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay st
Remarks,	

The ... of ... and ... shall hereafter take place ... and correct ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered [illegible] the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child. A. 2-965
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 24th / 88
4. *Place of Birth, (Street and Number)*	# 107 Aldine Al
5. *Full Name of Mother,*	Anna Musgrove
6. *Mother's Maiden Name,*	" " Hettinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Musgrove
9. *Father's Occupation,*	Bunk Worker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 106 S Monroe St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2756
1. *Sex, (State whether male or female)*	female.
2. *Race or color, (if not of the white race)*	white.
3. *Date of Birth,*	May 24
4. *Place of Birth, (Street and Number)*	829 Battle Alle
5. *Full Name of Mother,*	Elisabeth Smith
6. *Mother's Maiden Name,*	Elisabeth Wright
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Frank Smith.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Augusto Borien
Name of Medical Attendant, or other person who makes this Return.	927 South Fifteenth
Address,	
Remarks,	

of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child the same facts required to be ascertained as to any child that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. C. BULAWY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	J. D A. 2757
1. *Sex. (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	May of 24
4. *Place of Birth, (Street and Number)*	118 Admiral Ave
5. *Full Name of Mother,*	Charlotte Busseniu
6. *Mother's Maiden Name,*	Charlotte Konald
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Adolph Busseniu
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusto Boiten
Address,	927 South Chap. St
Remarks,	

...of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall ... far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... person or persons who shall neglect during the space of ... to be required as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 2958
41. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 24 1884
4. *Place of Birth, (Street and Number)*	2046 Fairmount ave
5. *Full Name of Mother,*	Alberta A. Reiter
6. *Mother's Maiden Name,*	Alberta Robinson
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Philip R. Reiter
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr C Benzinger
Address,	Broadway & Pratt st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2907

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (State whether male or female)* Female
2. *Race or color (if not of the white race)*
3. *Date of Birth,* May 24 1888
4. *Place of Birth, (Street and Number)* 230 E. Spring St.
5. *Full Name of Mother,* Sara Schwartz
6. *Mother's Maiden Name,* Rothlein
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Max Schwartz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 24, 1888
4. *Place of Birth, (Street and Number)*	221 N. Spring St
5. *Full Name of Mother,*	Emma Saurman
6. *Mother's Maiden Name,*	" King
7. *Mother's Birthplace,*	Lake Ind
8. *Full Name of Father,*	John Saurman
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	165 Walker St. Baltimore Md.
Remarks,	

M. M.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 2-961
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 24 1888
4. *Place of Birth, (Street and Number)*	115 S. Ann St.
5. *Full Name of Mother,*	Anna M. Steinmetz
6. *Mother's Maiden Name,*	Hoffmeister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Steinmetz
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Ofeiu
Address,	1427 E. Fall St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there be no birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2962

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 24. 1888.
4. *Place of Birth (Street and Number),* 1416 E Pratt St.
5. *Full Name of Mother,* Mariah Twomly.
6. *Mother's Maiden Name,* Mariah Moran.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alf Twomly.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. J. W. Lemmon

Address, 309 N Exeter St

Remarks,

Penalty, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 7463
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 24 - 88
4. *Place of Birth, (Street and Number)*	823 Shuler St
5. *Full Name of Mother,*	Christina Brown
6. *Mother's Maiden Name,*	" Pratt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Daniel Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough St
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-9-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Ardella Maddox

A 2-964

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 24 of may 1888
4. Place of Birth, (Street and Number) Baltimore Walbert St
5. Full Name of Mother, Priscilla Maddox
6. Mother's Maiden Name, Priscilla Allen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Maddox
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Millie Lyons

Address, 224 York St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 2965
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th 1888
4. *Place of Birth, (Street and Number)*	619 Eden St.
5. *Full Name of Mother,*	Sarah Kinner
6. *Mother's Maiden Name,*	Sarah Shmit
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Deshels Kinner
9. *Father's Occupation,*	Potter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Butt
Address,	1245 Monument St & Central av.
Remarks,	All Well

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A 2966

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 24 1899
4. Place of Birth, (Street and Number) 326 Druid Hill Ave
5. Full Name of Mother, Mary R Dakin
6. Mother's Maiden Name, Rammel
7. Mother's Birthplace, Balt city Md
8. Full Name of Father, Orrin D Dakin
9. Father's Occupation, Stenographer
10. Father's Birthplace, Digby, Nova Scotia

Name of Medical Attendant, or other Person who makes this Return. M A Dameron

Address, 225 Druid Hill Ave

Remarks, Mother & baby doing well

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said city, it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2957

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 25 1885
4. *Place of Birth, (Street and Number)* 1419 Madison St.
5. *Full Name of Mother,* Alia Dietzel
6. *Mother's Maiden Name,* Blaz
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Fredrick Dietzel
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto Md

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, May 25th 1888
4. Place of Birth, (Street and Number) 111 Spring Row
5. Full Name of Mother, Goldie Schulman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Schulman
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Wm. G Bernstein

Address, 22 S. Exeter St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 2969

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 25th 1888
4. Place of Birth, (Street and Number) 284 S. Eden st.
5. Full Name of Mother, Maggie Hammel
6. Mother's Maiden Name, " Hearne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hammel.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, or in case she be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) First A. 2970

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 26th 1888
4. *Place of Birth* (Street and Number) 1331 N. Eden St.
5. *Full Name of Mother* Florence C Shaw
6. *Mother's Maiden Name* Florence C Harlin
7. *Mother's Birthplace* Iowa
8. *Full Name of Father* D M Shaw
9. *Father's Occupation* Salesman
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. N. Gustafson

Address 1301 N. Central ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2971

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 26
4. *Place of Birth, (Street and Number)*	1019 N Dallas St
5. *Full Name of Mother,*	Madeline Lamp
6. *Mother's Maiden Name,*	" Carothers
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Adam M Lamp
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 2972
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 26/88
4. *Place of Birth, (Street and Number)*	907 Mulberry
5. *Full Name of Mother,*	Lula L Tolly
6. *Mother's Maiden Name,*	Bell
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Wm H. Bell
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas, Opie M D
Address,	600 N Howard St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2973

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 26th of May
4. *Place of Birth (Street and Number),* Eutaw St
5. *Full Name of Mother,* Sarah Conway
6. *Mother's Maiden Name,* Sarah Conway
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robert Brooks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Sarah Conway

Address, 407 Hamburg St near Eutaw

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 2974
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 26th 1911
4. Place of Birth (Street and Number),	1416 Poultney St
5. Full Name of Mother,	Ella Cleary
6. Mother's Maiden Name,	Allen
7. Mother's Birthplace,	Charleston S.C
8. Full Name of Father,	Martin Cleary
9. Father's Occupation,	Coal Painter
10. Father's Birthplace,	Washington DC
Name of Medical Attendant, or other person who makes this Return.	Chas E Stadtler MD
Address,	2105 Druid Hill Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate thereon, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st A 2975
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 27th 1888
4. *Place of Birth, (Street and Number)*	Maternite Hospital 115 St. Lombard st.
5. *Full Name of Mother,*	Sarah Adams
6. *Mother's Maiden Name,*	Ditto
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return.	J. V. D. Eudel M.D.
Address,	Maternite Hospital 115 St. Lombard st.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2975

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	26 May 1888
4. Place of Birth (Street and Number),	707 Cumberland Court
5. Full Name of Mother,	Annie Seavy
6. Mother's Maiden Name,	Annie Carter
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas Seavy
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1610 Vincent near Baker
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 A. 2977

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 27/1888
4. *Place of Birth (Street and Number),* 1622 Vincent Near Baker
5. *Full Name of Mother,* Barbara Gross
6. *Mother's Maiden Name,* Barbara Ennis
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Lewis Henry Gross
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert County. Md

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1616 Vincent ave Near Baker

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 2978
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 27th. 1888
4. *Place of Birth, (Street and Number)*	630 Forest St.
5. *Full Name of Mother,*	Emma Gibson
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Wm. M. L. Butt
Address,	1245 Monument St & Central av.
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 2774

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, May 27 1886
4. Place of Birth, (Street and Number) 408 S. Durham
5. Full Name of Mother, Louise Schmidt
6. Mother's Maiden Name, Gerhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fred. Schmidt
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

The Mother of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should the child not be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A 12950

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *~~Date~~ of Birth,* 27 May 88
4. *Place of Birth, (Street and Number)* 909 St Paul St
5. *Full Name of Mother,* Mary Lewis
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* M. Lewis Lewis
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Geo A Lyster

Address, #107 Bramble Terrace

Remarks,

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the six months next preceding the time when the same shall be ascertained the full name of each child (if any) and the full schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 2981
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 27th 1868
4. Place of Birth (Street and Number),	3032 Elliott
5. Full Name of Mother,	Z. L. J. Sollers
6. Mother's Maiden Name,	Hawkins
7. Mother's Birthplace,	Charles Co. Md.
8. Full Name of Father,	J. J. Sellers
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	St Marys Co Md
Name of Medical Attendant, or other person who makes this Return.	P. Lissamann
Address,	1225 Hanover Street
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female A 2983
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	May 27" 1888
4. *Place of Birth, (Street and Number)*	1200 Cross St
5. *Full Name of Mother,*	Stannie Jones
6. *Mother's Maiden Name,*	" Patterson
7. *Mother's Birthplace,*	Mayland
8. *Full Name of Father,*	J Herbert Jones
9. *Father's Occupation,*	Deceased
10. *Father's Birthplace,*	Mayland
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M D
Address,	
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. D. BUL ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1 2 9 4 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, May 27, 1888.

4. Place of Birth, (Street and Number) 911 Lucent Al.

5. Full Name of Mother, Emma J Norris

6. Mother's Maiden Name. Emma J Adams

7. Mother's Birthplace, Owings Mills, Md.

8. Full Name of Father, Chas. Henry Norris

9. Father's Occupation, Waiter

10. Father's Birthplace, Catonsville Md.

Name of Medical Attendant, or other Person who makes this Return. L Hopkins M.D.

Address, 939 N. Eutaw St.

Remarks,

and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A. 2984
1. *Sex. (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 27-88
4. *Place of Birth, (Street and Number)*	2031 E Eager St
5. *Full Name of Mother,*	Mary E. Bregel
6. *Mother's Maiden Name,*	M. E. Peregoy
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	John C. Bregel
9. *Father's Occupation,*	Harness maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McKenough St
Remarks,	

...ster of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered or duly signed by the ... in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of ... or other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2945

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 28th 1888
4. *Place of Birth, (Street and Number)*	933 Bond St.
5. *Full Name of Mother,*	Maria Roder
6. *Mother's Maiden Name,*	Maria Miller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Kilian Roder
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Barth
Address,	1245 Monument St. & Central av.
Remarks,	All Well

whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the said practitioner in the form of a certificate between the first and third day of each and every month to the said Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c)	The Eight: A2786
1. *Sex. (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	May the 28"
4. *Place of Birth, (Street and Number)*	# 13 N. Amity St.
5. *Full Name of Mother,*	Catarina Smith.
6. *Mother's Maiden Name,*	Catarina Burk.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Walter Smith
9. *Father's Occupation,*	Laborer.
10. *Father's Birihplace,*	Baltimore County.
Name of Medical Attendant. or other person who makes this Return.	Susan Stewart
Address,	23 N Payne St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been confetred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner hereinafter mentioned, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-2957

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 26th 1888
4. *Place of Birth (Street and Number),* 523 Mosher St.
5. *Full Name of Mother,* Celia Madox
6. *Mother's Maiden Name,* " McCarty
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Richard Madox
9. *Father's Occupation,* Milkman
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. F. B. Gantner

Address, 424 N. Greene St.

Remarks,

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the facts can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the exact residence at which each birth occurred. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* 28th of May
4. *Place of Birth, (Street and Number)* Baltimore 226 York St
5. *Full Name of Mother,* Maggie L Sanks
6. *Mother's Maiden Name,* Maggie L. Sanks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James S Sanks
9. *Father's Occupation,* porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Milly Gross

Address, 229 York St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2987

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~)

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white ~~race~~),
3. Date of Birth, 21 May 1888
4. Place of Birth (Street and Number), 2310 E. Fairmount Ave.
5. Full Name of Mother, Mrs Eliza Price
6. Mother's Maiden Name, Eliza Jones
7. Mother's Birthplace, Va
8. Full Name of Father, ~~Handy~~ Hiram Price
9. Father's Occupation, E S Md Ltsa.
10. Father's Birthplace, ~~X~~ Maryland

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard M.D.

Address, 1724 E Balt St.

Remarks,

Every person in charge or superintendence of a birth shall report the same to the Registrar of Vital Statistics, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the person in charge, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 No. 2990

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 28 1888
4. Place of Birth, (Street and Number) 503 Parkavenue
5. Full Name of Mother, Kate Burns
6. Mother's Maiden Name, Stoshit
7. Mother's Birthplace, City
8. Full Name of Father, Pat Burns
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Eve
Mrs Stoshit

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hester Viola Jordan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth — 2941

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 28 88
4. Place of Birth, (Street and Number) 1048 E Durham
5. Full Name of Mother, Mary Jordan
6. Mother's Maiden Name, " Fo Gray
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Jordan
9. Father's Occupation, Can maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 Mc Dough St

Remarks, GIVEN DATE POSTED 3-23-88

E. M.

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KEY & G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 28th 1888
4. Place of Birth, (Street and Number)	#1211 William St.
5. Full Name of Mother,	Alice Mitchell
6. Mother's Maiden Name,	Barnett
7. Mother's Birthplace,	Md
8. Full Name of Father,	Marion Mitchell
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee,
Address,	Hanover St
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh A. 2778

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 24th 9. P.m. 1888

4. Place of Birth, (Street and Number) 1302 W. Lexington St

5. Full Name of Mother, Rebecca Harris

6. Mother's Maiden Name, Rebecca Marcus

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Abraham Harris

9. Father's Occupation, Merchant

10. Father's Birthplace, Richmond

Name of Medical Attendant, or other Person who makes this Return. A. H. Sexton M.D.

Address, 1136 Lexington St

Remarks, (Partial Placenta Previa)

under whose charge or Superintendence a birth shall hereafter take place, shall keep a [illegible] of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), sex, color, the [illegible] and [illegible] of the parents, the date and place of birth, and the [illegible] which [illegible] only signed by the practitioner in the [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murray & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2994

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 29 1888
4. Place of Birth, (Street and Number) No 119 South Schroder St
5. Full Name of Mother, Delia Gannon
6. Mother's Maiden Name, Delia McHugh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michel Gannon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 231 N Poppleton St

Remarks,

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the said person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth A 2496

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 29, 1888
4. *Place of Birth, (Street and Number)* 1026 Hollins St
5. *Full Name of Mother,* Johanna Conaboughy
6. *Mother's Maiden Name,* Johanna Mastike
7. *Mother's Birthplace,* Hartford Co Md
8. *Full Name of Father,* Jeremiah Conaboughy
9. *Father's Occupation,* Hack Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson Pl St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

888. J. C. DUNLAVY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child Living

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* May 27th 1898
4. *Place of Birth (Street and Number)* 2116 Lee Woodyear Ct
5. *Full Name of Mother* Adaline Pearson
6. *Mother's Maiden Name* Adaline Wilson
7. *Mother's Birthplace* Centreville Queens Co Md
8. *Full Name of Father* Daniel A Brown
9. *Father's Occupation* Coal Cart Driver
10. *Father's Birthplace* Centreville Queen Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Wilson

Address 2116 Lee Woodyear Ct

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 2997

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* May 29
4. *Place of Birth (Street and Number)* 821 Raborg st
5. *Full Name of Mother* Martha Smothers
6. *Mother's Maiden Name* Martha Culver
7. *Mother's Birthplace* Prince george Co.
8. *Full Name of Father* George Smothers
9. *Father's Occupation* Standing in market
10. *Father's Birthplace* Fair Haven

Name of Medical Attendant, or other Person who makes this return Harrot Gipson

Address 821 Raborg St

Remarks $5.00.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE CITY HEALTH DEPT. JUN 1 1888

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A 2998
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 4 99-1866
4. *Place of Birth, (Street and Number)*	# 2312 Canton ave
5. *Full Name of Mother,*	Lizzie Tuskaymyers
6. *Mother's Maiden Name,*	Gronemeyers
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Tuskaymyers
9. *Father's Occupation,*	Seamond
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	# 924 Primrose st
Remarks,	

WM. J. C. MULVEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to each the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as aforesaid, and within ten days thereafter, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d birth twins

1. Sex (state whether male or female), boy & girl A 2949
2. Race or Color (if not of the white race), white
3. Date of Birth, May 29th
4. Place of Birth (Street and Number), 315 S Sharp st
5. Full Name of Mother, Martha A. T. Sachse
6. Mother's Maiden Name, " McMillan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Sachse
9. Father's Occupation, Lithographer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Goldschmidt

Address, [redacted] S.E. cor Sharp & Camden Sts

Remarks, also Dr. Heuser, Sharp near Dver st. during early part of labor, but not present at birth

This return is made by A. Sachse

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 30000

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex*, (*state whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	May 29th
4. *Place of Birth*, (*Street and Number*)	1306 N Spring St
5. *Full Name of Mother*,	Sophia Strub
6. *Mother's Maiden Name*,	" Stolz
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	Charles Strub
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grooms
Address,	940 N Gay St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 11 A 3021

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), African
3. Date of Birth, May 29 11 1888
4. Place of Birth (Street and Number), 605 Wood Jean St.
5. Full Name of Mother, Susan Hake
6. Mother's Maiden Name,
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, William Hall
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return. E. N. Free M.D.

Address, 602 N. Carey st E. N. Free M.D.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th. A 3002
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	A Colored
3. *Date of Birth,*	May 29th. 1888
4. *Place of Birth, (Street and Number)*	509 Dallis St.
5. *Full Name of Mother,*	Sarah Norfort
6. *Mother's Maiden Name,*	Sarah Anderson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alford Norfort
9. *Father's Occupation,*	A Laborer
10. *Father's Birthplace,*	Balto -
Name of Medical Attendant, or other person who makes this Return,	Mrs. M. A. Butt
Address,	1245 Monument St. & Central av.
Remarks,	All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, race, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 3003
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	29th May
4. *Place of Birth, (Street and Number)*	408 Railway
5. *Full Name of Mother,*	Susan Elser
6. *Mother's Maiden Name,*	Susan Lauder
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	George Elser
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	~~Germany~~ York, Penna.
Name of Medical Attendant, or other person who makes this Return.	A. Hare
Address,	1113 Appleton St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person to whose child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 3 0 0 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 29 1888
4. Place of Birth, (Street and Number) 2204 E. Pittsburg Park Av.
5. Full Name of Mother, Fraciska Fink
6. Mother's Maiden Name, Rikers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Fink
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3005

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 27th 1900
4. *Place of Birth, (Street and Number)* 815 Block st
5. *Full Name of Mother,* Augusta Schaub
6. *Mother's Maiden Name,* " " Popa
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Paulo Schaub
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Bolz

Address, 1211 Bank

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 3006
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	29th of May 1888
4. *Place of Birth, (Street and Number)*	No 2004 Whilhum st
5. *Full Name of Mother,*	Mrs Hittle
6. *Mother's Maiden Name,*	Miss Lena Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Solam Hittle
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hitler
Address,	2127 west Pratt st
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3007

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*,	29th May
4. *Place of Birth*, (Street and Number)	2014 E. Lombard St,
5. *Full Name of Mother*,	Medora Ann Penesmith
6. *Mother's Maiden Name*,	Owens
7. *Mother's Birthplace*,	City
8. *Full Name of Father*,	John . Penesmith
9. *Father's Occupation*,	Can Maker
10. *Father's Birthplace*,	City
Name of Medical Attendant, or other Person who makes this Return	E. F. Evans M.D.
Address,	1835 E. Balto. St.
Remarks,	

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

KEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3085

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 29th 1888
4. Place of Birth, (Street and Number) 910 E. Baltimore st.
5. Full Name of Mother, Mary Noble
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Paul Noble
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d A. 3209
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 29 — 88
4. *Place of Birth, (Street and Number)*	32 Wetzel St.
5. *Full Name of Mother,*	Cora V. Barnett
6. *Mother's Maiden Name,*	Cora V. Smith
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	~~Gustave~~ Barnett
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	Frank G. Meyer M.D.
Address,	4 S. Eutaw St.
Remarks,	

"Every person having charge of any child at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11A 2010
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	30 of May
4. *Place of Birth, (Street and Number)*	917 Columbia Ave
5. *Full Name of Mother,*	Henretta Knell
6. *Mother's Maiden Name,*	Henretta Knoeleiger
7. *Mother's Birthplace,*	Cassell Germania
8. *Full Name of Father,*	George Knell
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Balt City
Name of Medical Attendant, or other person who makes this Return.	Miss Cross
Address,	113 Appleton st
Remarks,	OK

The Physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 2011

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 30
4. *Place of Birth, (Street and Number)* 2007 Federal St
5. *Full Name of Mother,* Mary Cole
6. *Mother's Maiden Name,* M. Stevens
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H Cole
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto. Co

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Gormy

Address, 940 N Gay St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 3012

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, May 30/88
4. Place of Birth, (Street and Number) No 229 S. Castle St.
5. Full Name of Mother, Kate Gilmarden
6. Mother's Maiden Name, Swift
7. Mother's Birthplace, Irland
8. Full Name of Father, John Gilmarden
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

The Physician or Midwife in attendance upon any birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 3013

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, May 30th 1888
4. Place of Birth (Street and Number), No 202 Inlows Al
5. Full Name of Mother, Agnes Gertrude Fields
6. Mother's Maiden Name, " " Hardy
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Douglas Albert Fields
9. Father's Occupation, Porter
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 30114

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* May 30th 1888,
4. *Place of Birth (Street and Number),* 1837 Park St,
5. *Full Name of Mother,* Mary Franklin,
6. *Mother's Maiden Name,* Mary Thorn.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Thomas Franklin.
9. *Father's Occupation,* Boatsman
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 209 N Eutaw St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 3015
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	May 30
4. *Place of Birth, (Street and Number)*	416 Hardenr Gort
5. *Full Name of Mother,*	Lizabeth Winder Leatherbery
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Winder Leatherbery
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Salisbery MD
Name of Medical Attendant, or other Person who makes this Return.	E Barry Walker
Address,	142 York St
Remarks,	

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be [illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalty for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3016

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	Colord
3. Date of Birth,	Wednesday May 30 1888
4. Place of Birth, (Street and Number)	919 Granmber st
5. Full Name of Mother,	Ellen Slauter
6. Mother's Maiden Name,	Ellen Fisher
7. Mother's Birthplace,	Easton Shore
8. Full Name of Father,	James Slauter
9. Father's Occupation,	Labor
10. Father's Birthplace,	Easton Shore
Name of Medical Attendant, or other person who makes this Return.	Lucinder Medford
Address,	432 N Regester st
Remarks,	

Health: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9. D A. 3017
1. *Sex, (State whether male or female)*	male.
2. *Race or color, (if not of the white race)*	white.
3. *Date of Birth,*	May of. 30.
4. *Place of Birth, (Street and Number)*	1023. Eastst Alley
5. *Full Name of Mother,*	Johanna Bugster.
6. *Mother's Maiden Name,*	Johanna Janetzke
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Bugster.
9. *Father's Occupation,*	Blacksmic.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	August Bolsen.
Address,	927. South Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-18-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Christina Plitt

A. 3018

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, May 21st 1918
4. Place of Birth, (Street and Number) 505 Park Avenue
5. Full Name of Mother, Florence K. Plitt
6. Mother's Maiden Name, " " (Brenan) Brenan
7. Mother's Birthplace, Md.
8. Full Name of Father, Walter C. Plitt
9. Father's Occupation, Electrician
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Olga Bell

Address, 1716 Bank St.

Remarks,

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name, age, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First 1st A. 2019

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 30th, 1888
4. *Place of Birth (Street and Number),* No. 600 N. Caroline cor. McElderry
5. *Full Name of Mother,* Mrs. Maria Rozella Bunick
6. *Mother's Maiden Name,* Miss M. R. Lynch
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Wm Bunick
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Claudius, M.D.

Address, No. 418 N. Broadway

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3020

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* May 30th 1888
4. *Place of Birth (Street and Number),* 748 Lamb Ave St.
5. *Full Name of Mother,* Clide Davis
6. *Mother's Maiden Name,* " Mason
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John Davis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 3021

1. *Sex, (~~state whether male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* May 30th 1888.
4. *Place of Birth, (Street and Number)* No 316 S. High st.
5. *Full Name of Mother,* Carrie H Joslyn.
6. *Mother's Maiden Name,* " " Rhinehart,
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* George H Joslyn,
9. *Father's Occupation,* Can-Maker
10. *Father's Birthplace,* N. York

Name of Medical Attendant, or other person who makes this Return. D. Ridgway Conine M.D.

Address, 1123 E Baltimore st Md.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of failure within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adolph Henry Gottschalk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child A 3022
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	White
3. Date of Birth;	30 May.
4. Place of Birth, (Street and Number)	1912 Ramsey St
5. Full Name of Mother,	Sophia Gottschalk
6. Mother's Maiden Name,	nee Heidorn
7. Mother's Birthplace,	Bremen Germany
8. Full Name of Father,	August Gottschalk
9. Father's Occupation,	Barber
10. Father's Birthplace,	Minden Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Seebach
Address,	735 West Pratt St.
Remarks,	Name added 7/25/16 by undersigned Adolph Henry Gottschalk Dec'd

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2023

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 30/1888
4. Place of Birth (Street and Number),	22½ N. Exeter
5. Full Name of Mother,	Fanny Baer
6. Mother's Maiden Name,	" Burnstine
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Hyman Baer
9. Father's Occupation,	Peddler
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Dana Stetten M.D.
Address,	403 N. Exeter St
Remarks,	

Every midwife or other person who shall assist at any birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The [illegible] shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A. 3024
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 31/88
4. Place of Birth, (Street and Number)	No 410 S. Register St.
5. Full Name of Mother,	Emilie Roberts
6. Mother's Maiden Name,	Nassle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Roberts
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kugler
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 D 3025
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 31/88
4. *Place of Birth, (Street and Number)*	No 2902 Sprucehly
5. *Full Name of Mother,*	Emma Rochester
6. *Mother's Maiden Name,*	Rühl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Rochester
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louisa Kraft.
Address,	No 405 S. Washington St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name,	Clarence John Wuestner
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 3026
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	May 21-88
4. Place of Birth, (Street and Number)	2015 E Biddle St
5. Full Name of Mother,	Lilly Wuestner
6. Mother's Maiden Name,	Bortholomew
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Wuestner
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address.	912 McDonogh St
Remarks,	

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable

BY J. C. BALTZ & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A 3027

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, May 31 1888, 9 36 Pm,
4. Place of Birth, (Street and Number) h h/ Cr Jefferson & Bethel Sts
5. Full Name of Mother, Caroline V. Arr
6. Mother's Maiden Name, " " Arnett
7. Mother's Birthplace, Balti
8. Full Name of Father, Albert Arr
9. Father's Occupation, Nickel Plater
10. Father's Birthplace, Balti

Name of Medical Attendant, or other Person who makes this Return — Mrs. Atherton MD

Address, 1102 E Baltimore St

Remarks, Instrumental

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ARY & CO., CITY ...NTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A 3228

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st. 9.55 P. M. 1888
4. Place of Birth, (Street and Number) 508 S. Collington Ave
5. Full Name of Mother, Margaret Emma Sturgeon
6. Mother's Maiden Name, M. E Douglas
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. Sturgeon
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return. Samuel E Dwinelle M D

Address, 1701 E Baltimore Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 3029

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, 31st " May 1905
4. Place of Birth (Street and Number), Fremont St near Eutaw
5. Full Name of Mother, Christiana Phillips
6. Mother's Maiden Name, "
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Laura Kerlin

Address, 407 Hamburg St near Eutaw

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 3030
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	31
4. *Place of Birth, (Street and Number)*	123 York St
5. *Full Name of Mother,*	Sarah E Slater
6. *Mother's Maiden Name,*	Sarah Dixon
7. *Mother's Birthplace,*	Matthew Talbot County
8. *Full Name of Father,*	John H Dixon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Denton Caroline County
Name of Medical Attendant, or other Person who makes this Return.	H Ward H Allen
Address,	142 York St
Remarks,	

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name Mary A. Crook

A 3031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 31st 1888
4. *Place of Birth (Street and Number)* 1039 W. Lexington St.
5. *Full Name of Mother* Fannie Augusta Crook,
6. *Mother's Maiden Name* " " Myers,
7. *Mother's Birthplace* Sykesville, Carroll Co. Maryland,
8. *Full Name of Father* E. A. Crook,
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Queen Anne Co. Maryland,

Name of Medical Attendant, or other Person who makes this Return. Charles Getz M. D.

Address 1220 W. Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3032

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* Negro
3. *Date of Birth,* May 31 1888
4. *Place of Birth, (Street and Number)* 138 S. Bethel St.
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Hegin

Address, 1427 E. Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3033

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	May 31. 1888
4. *Place of Birth, (Street and Number)*	2056 E. Saratoga St.
5. *Full Name of Mother,*	Helena Lauert
6. *Mother's Maiden Name,*	Kaiser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Lauert
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Carolin Miller
Address,	160 Walker St Balt Md.
Remarks,	

...and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 3034
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31st 1884
4. *Place of Birth, (Street and Number)*	19 East Chase St
5. *Full Name of Mother,*	Emma Thursby
6. *Mother's Maiden Name,*	Emma Mac Namara
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Edward Thursby
9. *Father's Occupation,*	Pilot
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr C Bevans
Address,	Broadway & Fleet St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 3035
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 31 88.
4. *Place of Birth, (Street and Number)*	1015 E. Biddle St.
5. *Full Name of Mother,*	S. Powers.
6. *Mother's Maiden Name,*	S. Longhran
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Thos. Powers
9. *Father's Occupation,*	Officer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Eutaw Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born since its last return,) the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 3036

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 31st 1888
4. *Place of Birth (Street and Number),* 712 Gold Street
5. *Full Name of Mother,* Alepina Snyder
6. *Mother's Maiden Name,* Eberly
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Henry Snyder
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. E. M. Price M.D.

Address, 602 N. Carey St

Remarks,

...shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child A 3037

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth The 31 ust day of May
4. Place of Birth, (Street and Number) Durham St 232
5. Full Name of Mother Mary Ellen Jackson
6. Mother's Maiden Name Ann Campbell
7. Mother's Birthplace Anderondel County Maryland
8. Full Name of Father John Wm Jam Jackson
9. Father's Occupation Truck driver
10. Father's Birthplace Anderondal Maryland

Name of Medical Attendant, or other Person who makes this Return. 1401 Union Ally resident

Address All is well

Remarks The mother and child [illegible] well at present

Dr Tk

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May the 7th 88
4. Place of Birth, (Street and Number)	Light st near 1816
5. Full Name of Mother,	Fredericka Braun
6. Mother's Maiden Name,	Fredericka Koenig
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Braun
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. St Jully
Address,	W. 182 S Light st
Remarks,	doing well

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if a name has been conferred), its sex, color, the full name and description of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A
3 3039

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th of May — 1888
4. Place of Birth (Street and Number),	583 Baker st
5. Full Name of Mother,	Rose King
6. Mother's Maiden Name,	Rose Dull
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Charles Allen King
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Davenport Iowa
Name of Medical Attendant, or other person who makes this Return.	Thos Ent Sarah Rollins
Address,	1210 Vincent ave near Baker
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A. 3040
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12th 88
4. Place of Birth, (Street and Number)	Hanover st. No. 1843
5. Full Name of Mother,	Lena Blattenberger
6. Mother's Maiden Name,	Lena Doerr
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hannes Blattenberger
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. T. Tully
Address,	No. 1828 Light st
Remarks,	doing Well

list of the births which have occurred under his or her care during the month, and shall set forth on each the same as ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offense to be recovered as other fines and penalties are recoverable.

...s Murphy & Co., (Lt'd) Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child D. 3041
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 88
4. *Place of Birth, (Street and Number)*	Bloomberg st No. 123
5. *Full Name of Mother,*	Elizabeth Donley
6. *Mother's Maiden Name,*	Elizabeth Eaton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard J. Donley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. T. Lilly
Address,	No. 1828 Eight st
Remarks,	Living well

List of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child (or, if shall have been no name given, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ion Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13042

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1888
4. *Place of Birth, (Street and Number)*	Gaty ave No. 1910
5. *Full Name of Mother,*	Anne Jennings
6. *Mother's Maiden Name,*	Anne Shepherd
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Jennings
9. *Father's Occupation,*	Bot maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. St. Tully
Address,	No. 1828 Eighth st
Remarks,	doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, date and name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child A 3043
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 23rd
4. *Place of Birth, (Street and Number)*	Light St. no 1839
5. *Full Name of Mother,*	Sophe Hutton
6. *Mother's Maiden Name,*	Sophia Price
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Hutton
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. T. Tully
Address,	no 1828 Light St
Remarks,	doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. INGLEBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3044

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown skin
3. *Date of Birth* May 31st 1888
4. *Place of Birth, (Street and Number)* Private Board 62
5. *Full Name of Mother,* Louisa Myers
6. *Mother's Maiden Name,* Herman
7. *Mother's Birthplace,* Frazi River Africa
8. *Full Name of Father,* William Myers
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Harrisburg Pa.

Name of Medical Attendant, or other Person who makes this Return. Dennis Leary

Address, #642 Lafayette Ave

Remarks, Baltimore

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A 3045
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	21st May
4. *Place of Birth, (Street and Number)*	new No 47 S Stockton st Balto Md.
5. *Full Name of Mother,*	Emma regina Mullen
6. *Mother's Maiden Name,*	Emma regina Cronchaw
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	James Mullen
9. *Father's Occupation,*	Optician Spectical and Eyeglasses
10. *Father's Birthplace,*	Liverpool England
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangl
Address,	711 Lewis Pl.
Remarks,	

BOARD OF HEALTH BALTIMORE CITY JUN 8 1886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 3046

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* W.
3. *Date of Birth,* May 1st
4. *Place of Birth, (Street and Number)* 234 (Corr Ave
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* " Pejril
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* (Ch. Miller
9. *Father's Occupation,* Broker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine (Conrad)

Address, 621 Barre

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A 3047
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	May 3d 1888
4. *Place of Birth, (Street and Number)*	1602 Barre
5. *Full Name of Mother,*	Anna Conzal
6. *Mother's Maiden Name,*	Kapralek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Jos. Conzal
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conzal
Address,	1621 Barre St
Remarks,	

880 J. C. DUNEAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3048

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Saturday May 5th 1888
4. Place of Birth, (Street and Number)	1311 Valley St.
5. Full Name of Mother,	Emma L. Scott
6. Mother's Maiden Name,	Emma Lantz
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	William Scott.
9. Father's Occupation,	Rail Road Engineer
10. Father's Birthplace,	New Orleans La
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St. & Fremont Ave.
Remarks,	

...ons are hereby required to be made to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd. A 3049
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday May 5th, 1888
4. *Place of Birth, (Street and Number)*	1016 Forest Place
5. *Full Name of Mother,*	Annie M. White
6. *Mother's Maiden Name,*	Annie M Ratley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James L. White
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return.	Wilmer Brinton M.D
Address,	1t Chase St. Forest Place
Remarks,	

The Registrar will furnish on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3050

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 8 May
4. *Place of Birth, (Street and Number)* 1178 Low St
5. *Full Name of Mother,* Mary " Jimason
6. *Mother's Maiden Name,* Homer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andrew Jimason
9. *Father's Occupation,* Stove Molder
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illbig

Address, 1902 McClintock St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the parentage and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 3051
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	May 10th 1888
4. *Place of Birth, (Street and Number)*	14 Duncan Alley
5. *Full Name of Mother,*	Anne Bém
6. *Mother's Maiden Name,*	Kaček
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	John Bém
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Baring St
Remarks,	City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 3062
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday May 10th 1888
4. *Place of Birth, (Street and Number)*	412 E. Chase St.
5. *Full Name of Mother,*	Linda E. Whemett
6. *Mother's Maiden Name,*	Linda E. Clark
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	William Whemett
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chase St. & Forest Place
Remarks,	

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 39073

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d /

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1888
4. *Place of Birth, (Street and Number)* 1803 Brunt St.
5. *Full Name of Mother* Johanna Elizabeth Kraus
6. *Mother's Maiden Name* Thon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kraus
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Gombel M.D.

Address, 610 N. Sharp St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Catherine Owens

A 30674

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Friday May 11th 1888
4. Place of Birth, (Street and Number)	1226 E. Biddle St.
5. Full Name of Mother,	Elizabeth B. Owens
6. Mother's Maiden Name,	Elizabeth Burkett,
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	John H. Owens.
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Witmer Bonitow M.D.
Address,	Chase St. & Fremont Ave.
Remarks,	

have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of maternity, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3055

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 14 May
4. Place of Birth, (Street and Number) 426 N. Front St
5. Full Name of Mother, Lizzie Bennet
6. Mother's Maiden Name, Reily
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Samuel Bennet
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbrig

Address, 1802 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or practitioner, last child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th. A 3006
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	~~July 20~~ 15th day 1888
4. *Place of Birth, (Street and Number)*	1420 Antony St
5. *Full Name of Mother,*	Francska Selin
6. *Mother's Maiden Name,*	Josipek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	John Selin
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes St
Remarks,	

WM. J. C. TRACEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Record A 3067

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W.
3. Date of Birth, May 15 1888
4. Place of Birth, (Street and Number) 821 Durham st
5. Full Name of Mother, Barbara Zaruba
6. Mother's Maiden Name, " Polodna
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Zaruba
9. Father's Occupation, Baker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks, Baltimore.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st — E. 3008
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	1911 (Nineteen Eleven) May 17th
4. *Place of Birth, (Street and Number)*	1021 Barnes
5. *Full Name of Mother,*	Francisca Zelenka
6. *Mother's Maiden Name,*	Cibula
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Vinc Zelenka
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Josephine (Mrs.)
Address,	1021 Barnes
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3069

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Jewish
3. Date of Birth, 19 May
4. Place of Birth, (Street and Number) 818 N. Gay St.
5. Full Name of Mother, Bertha Weigel
6. Mother's Maiden Name, Frankel
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Weigel
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Allrich

Address, 1902 Holland St

Remarks,

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 3060
1. *Sex, (State whether male or female)*	M male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	May 20th 1888
4. *Place of Birth, (Street and Number)*	1642 Abbott st
5. *Full Name of Mother,*	Josephine Supik
6. *Mother's Maiden Name,*	Svec
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Albert Supik
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, (or other person who makes this Return)	Josephine Conrad
Address,	1621 Barnes
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 20
4. *Place of Birth, (Street and Number)* 1213. Scott. st Baltimore Md
5. *Full Name of Mother,* Mary. Francis Greamer
6. *Mother's Maiden Name,* Altaffer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry. M. Greamer
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks,

WM. J. C. SALAKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. Child A 3062
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday May 21st 1888.
4. *Place of Birth, (Street and Number)*	705 E. Chase St.
5. *Full Name of Mother,*	Catherine L Ahern
6. *Mother's Maiden Name,*	Catherine Kelly
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Lawrence A. Ahern
9. *Father's Occupation,*	B. & P. R. R. Employee
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton, M.D.
Address,	Chase St. & Fremont Place.
Remarks,	

and shall enter the name on a blank schedule to be furnished by the [illegible] of the month, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3060

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, 22 of May 1901
4. Place of Birth, (Street and Number) 516. S. Fremont St. Baltimore
5. Full Name of Mother, Bertha Kratzmaier
6. Mother's Maiden Name, Bertha Schaupp
7. Mother's Birthplace, Philippsburg in Baden Deutschland
8. Full Name of Father, Johann Kratzmaier
9. Father's Occupation, Carpenter
10. Father's Birthplace, Kubsheim in Baden Deutschland.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangel

Address, 711 S. Eutaw St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 3064
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	May 23rd 1888
4. *Place of Birth, (Street and Number)*	1008 W. Baltimore St
5. *Full Name of Mother,*	Aloizie Rysanek
6. *Mother's Maiden Name,*	Vojkt
7. *Mother's Birthplace,*	" Bohemia
8. *Full Name of Father,*	Joseph Rysanek
9. *Father's Occupation,*	Bohemia
10. *Father's Birthplace,*	Tailor
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes St
Remarks,	City

...and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3065

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th 1888
4. *Place of Birth, (Street and Number)*	1269 Sergeant Street
5. *Full Name of Mother,*	Hannah Wilkins
6. *Mother's Maiden Name,*	Haxell
7. *Mother's Birthplace,*	City of London England
8. *Full Name of Father,*	George Wilkins
9. *Father's Occupation,*	Car Stables
10. *Father's Birthplace,*	City of Bristol England
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangl
Address,	14 Cross St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 9-24-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3061

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 26. 1888
4. *Place of Birth, (Street and Number)* 127 Fairmount Ave.
5. *Full Name of Mother,* Mrs. Lotte Poetzfelder ~~Langfeld~~ Langfeld
6. *Mother's Maiden Name,* Miss Lotte Poetzfelder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Daniel ~~Langfeld~~ Langfeld
9. *Father's Occupation,* Merchant (Tobacco)
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. O. G. Reese M. D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

CERTIFICATE CORRECTED V-15-54

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BEN J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 3067

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 27th
4. Place of Birth, (Street and Number) 1221 Bank st
5. Full Name of Mother, Hattie Konig
6. Mother's Maiden Name, Hattie Lynch
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Alexander Konig
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschen

Address, 1127 E. Balto. st

Remarks,

The Registrar will enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 A 3064
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	May 28th 1888
4. *Place of Birth, (Street and Number)*	1614 Abbott
5. *Full Name of Mother*	Magie Cap
6. *Mother's Maiden Name,*	Hokron
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Vaclav Cap
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barre
Remarks,	

BRS J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3069

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 28 May
4. Place of Birth, (Street and Number) 217 E. Chester St
5. Full Name of Mother, Lottie D. Yett
6. Mother's Maiden Name, " Lutz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charley Yett
9. Father's Occupation, Huckster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulry

Address, 1302 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 3070
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	May 31 '88
4. *Place of Birth, (Street and Number)*	1111 E. Broadway
5. *Full Name of Mother,*	Terezie Butt
6. *Mother's Maiden Name,*	" " Seidel
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	John Butt
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd — B 3071
1. Sex (state whether male or female),	~~White~~ Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 31st 1888
4. Place of Birth (Street and Number),	Baltimore Lemmon 109 st
5. Full Name of Mother,	Margt Burk
6. Mother's Maiden Name,	Margt Shaw
7. Mother's Birthplace,	Irland
8. Full Name of Father,	Mikel Burk
9. Father's Occupation,	Labor
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Mrs Catherine Mitchell
Address,	No 112 Callender Alley
Remarks,	

This schedule shall contain a list of the births which have occurred since the ... of each month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

A

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9" A 3072

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* C
3. *Date of Birth,* May 1" 1888
4. *Place of Birth (Street and Number),* Free Lying-in Hosp, 622 N Lan
5. *Full Name of Mother,* Mary Taylor
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neal M.D.

Address, 319 N. Monument St

Remarks,

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A 3073

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 1st 1888
4. *Place of Birth (Street and Number),* Fire Engine House, 622 W Lombard
5. *Full Name of Mother,* Annie Brewer
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

...and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltim...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 3074

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* black
3. *Date of Birth,* May 9th 1888
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Barbara C
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Barbara
9. *Father's Occupation,* —
10. *Father's Birthplace.* —

Name of Medical Attendant, or other Person who makes this Return. Wm. B. Billingsley

Address, 1206 E Baltimore st

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3075

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 10th 1887
4. *Place of Birth, (Street and Number)*	1043 E Baltimore
5. *Full Name of Mother,*	Mary T. Eastwood
6. *Mother's Maiden Name,*	Douglas
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank J. Eastwood
9. *Father's Occupation,*	Milkman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	M. A. Billingslea
Address,	1206 E. Baltimore St
Remarks,	

Every person who shall have charge of a birth which shall occur after the passage of this ordinance, shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred after the passage of this ordinance, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the use of the City Attorney for each offence to be recovered as other fines and forfeitures are recoverable.

Ian Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2"
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	C
3. Date of Birth,	May 11" 1888
4. Place of Birth (Street and Number),	Fede Lying-in Hosp 6 2nd South
5. Full Name of Mother,	Francis Keen
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Not known
9. Father's Occupation,	" "
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return.	L E. Neale M.D.
Address,	819 N. Monument St
Remarks,	

The Physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2" A 3077

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 19" 1888
4. Place of Birth (Street and Number), Free Flying ave Hospital 622 N Smith
5. Full Name of Mother, Pauline Libbard
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Germany
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 819 N. Monument St.

Remarks,

and shall not form as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Winter Heath

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 3075

1. Sex (state whether male or female), ~~Female~~ Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 20th 1900
4. Place of Birth (Street and Number), 830 Wm St
5. Full Name of Mother, Clarence A Heath
6. Mother's Maiden Name, " " , Hart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clinton H Heath
9. Father's Occupation, Shipwright
10. Father's Birthplace, Baltimore

Nume of Medical Attendant, or other person who makes this Return. Theodore Corkey M.D.

Address, 914 N Charles St

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3074

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th 1880
4. *Place of Birth, (Street and Number)* 1018 N. Calvert St.
5. *Full Name of Mother,* Margaret Pennington
6. *Mother's Maiden Name,* Margaret Monahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pennington Jr.
9. *Father's Occupation,* Truckman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. M. Mansberger M.D.

Address, 319 N. Monroe St.

Remarks,

HEALTH DEPARTMENT BALTIMORE

Every one shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 3080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 26—88
4. *Place of Birth, (Street and Number)*	N. W. Cor. Eutaw & Pratt Sts
5. *Full Name of Mother,*	Hattie Jacobson
6. *Mother's Maiden Name,*	Hattie Schwarz
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Benjamin Jacobson
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	Frank G. Morgan M.D.
Address,	
Remarks,	

And also all the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3081

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, May 21. 1888
4. Place of Birth, (Street and Number) 1713. Lemmon Hill ave
5. Full Name of Mother, Anna M Miller
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Md
8. Full Name of Father, Levi R Miller
9. Father's Occupation, Employé Chemical Works
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return. A G Lane Farquhar

Address, 922 Madison ave

Remarks, Instruments and chloroform.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 3052

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23/81
4. Place of Birth, (Street and Number) 328 Chesnut St
5. Full Name of Mother, Rachel Fisher
6. Mother's Maiden Name, Rachel Shoemaker
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Fisher
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs R Goldsmith

Address, 719 N High St

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall intentionally fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3043

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 24th 1888

4. Place of Birth, (Street and Number) 923 N Broadway

5. Full Name of Mother, Annie Mitchell

6. Mother's Maiden Name, Norwood

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James Mitchell

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. M B Billingsley

Address, 206 E Fayette St

Remarks,

Wm. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2" A 3084

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 26" 1888
4. *Place of Birth (Street and Number),* Fre Sejing in Hosp 622 N Lombard
5. *Full Name of Mother,* Kate Cohill
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jack Swanson
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neals MD

Address, 319 N. Monument St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3085

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* C
3. *Date of Birth,* May 28" 1881
4. *Place of Birth (Street and Number),* Free Lying in Hosp. 622 W Lombard St "
5. *Full Name of Mother,* Annie Edwards
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M D

Address, 319 W. Monument

Remarks,

...the Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3086

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 28th 1895
4. Place of Birth (Street and Number),	922 S Chapel
5. Full Name of Mother,	Susan E Schenkel
6. Mother's Maiden Name,	" " Reisler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thos Schenkel
9. Father's Occupation,	Waterman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Baker M.D.
Address,	914 N Charles
Remarks,	

This schedule shall, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 2nd and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3087

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Stepanle
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 29th 1858
4. *Place of Birth, (Street and Number)*	160 W Hamburg st
5. *Full Name of Mother,*	Maggie Kalbfleisch
6. *Mother's Maiden Name,*	[illegible] Bowman
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm H Kalbfleisch
9. *Father's Occupation,*	Carter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Cooter M.D.
Address,	911 A Chamberlain Baltimore
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case [illegible] shall attendance without [illegible] attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3088

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30/88
4. Place of Birth, (Street and Number) 1127 Low St
5. Full Name of Mother, Rachel Cohen
6. Mother's Maiden Name, Rachel Snidder
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Cohen
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Miss R. Goldsmith

Address, 119 N High St

Remarks,

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 3259

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30th
4. Place of Birth, (Street and Number) 211 S. Stricker
5. Full Name of Mother, Sallie Turner
6. Mother's Maiden Name, Mattimo
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Philip H Turner
9. Father's Occupation, Brakesman B&O. R. R
10. Father's Birthplace, A. A. Co Md

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill Mid

Address, 1701 N. Fayette ave.

Remarks,

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter to report the birth of such child, and in default thereof, the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, [illegible] other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or officiate during the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 3090

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 30 - 1888
4. Place of Birth (Street and Number)	1824 Etting St
5. Full Name of Mother	Annie Butler
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Gettysburg Pa
8. Full Name of Father	Dont Know
9. Father's Occupation	" "
10. Father's Birthplace	" "
Name of Medical Attendant, or other Person who makes this Return.	C. Fawcett M. D.
Address	550 Mosher St
Remarks	The child is illegitimate, and the mother refused to give the father's name.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 2691

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 21 st
4. *Place of Birth, (Street and Number)*	Pierce St 61
5. *Full Name of Mother,*	Josephine Louisa Barnes
6. *Mother's Maiden Name,*	Josephine Louisa Greenes
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	John James Barnes
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Oxford md
Name of Medical Attendant. or other person who makes this Return.	Mrs Anna Johnson
Address,	701 Lyon st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recovered.

GUA J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 3092
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 26th
4. *Place of Birth, (Street and Number)*	706 Tyson st
5. *Full Name of Mother,*	Elizabeth Davis
6. *Mother's Maiden Name,*	..... Johnson
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Silman Davis
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Towson Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	706 Tyson Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. M. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3013

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	may 30th
4. Place of Birth, (Street and Number)	1803 Etting street
5. Full Name of Mother,	Anna Minor
6. Mother's Maiden Name,	" " Muse
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Addison Minor
9. Father's Occupation,	school Teacher
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

The Certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. HULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-30-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Weaver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A. 30947

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, May 30th 1888
4. Place of Birth, (Street and Number) S. Dallas St No 230
5. Full Name of Mother, Caroline Weaver
6. Mother's Maiden Name, Caroline Zink
7. Mother's Birthplace, York. Pa
8. Full Name of Father, August Weaver
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 124

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th A. 2095
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 30th
4. *Place of Birth, (Street and Number)*	332 Preston st
5. *Full Name of Mother,*	Lydia Blake
6. *Mother's Maiden Name,*	" Wilson
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father,*	Peter Blake
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	West Point
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	110 Tyson street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3096

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 on
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 30 th
4. *Place of Birth, (Street and Number)*	3-19 Orchard Street
5. *Full Name of Mother,*	Mary Alice Spinard
6. *Mother's Maiden Name,*	" " Banks
7. *Mother's Birthplace,*	Rockingham Co Va
8. *Full Name of Father,*	Charles H Spinard
9. *Father's Occupation,*	Prince Waiter
10. *Father's Birthplace,*	Rockingham Co Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	101 Tyson Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred ... to be furnished by the Commissioner of ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3097

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 7 May 88
4. *Place of Birth, (Street and Number)* 577 Madeira alley
5. *Full Name of Mother,* Mary Karabash
6. *Mother's Maiden Name,* Mary Dekowsky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joo Karabash
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kaptain

Address, 205 N Washington st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 9 May 1888
4. *Place of Birth, (Street and Number)* 903 1/2 Dallas St
5. *Full Name of Mother,* Mary Hubka
6. *Mother's Maiden Name,* Mary Slavina
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Anton Hubka
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 605 N Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3077

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Wht
3. Date of Birth, May 10. 1888
4. Place of Birth, (Street and Number) 15 W Eager
5. Full Name of Mother, Claribel W Benoit
6. Mother's Maiden Name, " " Knight
7. Mother's Birthplace, Md
8. Full Name of Father, C F. Gaston Benoit
9. Father's Occupation, Publisher
10. Father's Birthplace, Brussels

Name of Medical Attendant, or other person who makes this Return. G Lane Tanneyhill

Address, 922 Madison ave

Remarks,

and shall enter the same on a blank schedule, to be furnished by the Commissioner of ... dule shall contain a list of the births which have occurred under his or her care during the ... l set forth as far as the same can be ascertained the full name of each child, if any shall have ... its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... of each and every month to the office of the Commissioner of Health. In case the birth of any child ... occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... ndance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3100

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 13 May 188
4. Place of Birth, (Street and Number) 1716 N. Eldray st
5. Full Name of Mother, Mary Eyring
6. Mother's Maiden Name, Mary Eyring
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michael Eyring
9. Father's Occupation, Sailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kafitsh

Address, 202 N. Washington st

Remarks,

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 14 May 1876
4. Place of Birth, (Street and Number) 614 Hadera alley
5. Full Name of Mother, Bridget Kinner
6. Mother's Maiden Name, Bridget Kinner
7. Mother's Birthplace, Germany
8. Full Name of Father, John C Kinner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koppist

Address, 205 S Washington st

Remarks,

Name of owner whose change or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 8167

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 14th May 1876
4. Place of Birth, (Street and Number) 614 Madeira alley
5. Full Name of Mother, Bridget Wimmer
6. Mother's Maiden Name, Bridget Wimmer
7. Mother's Birthplace, Germany
8. Full Name of Father, John C. Wimmer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koplick

Address, 205 N Washington st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereafter, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3103

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 15 May 1888
4. *Place of Birth, (Street and Number)* 1907 Eden st
5. *Full Name of Mother,* Magdaline Smida
6. *Mother's Maiden Name,* Magdaline Kral
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Kral
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptisch

Address, 205 N Washington st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3108

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Boy
2. *Race or color, (if not of the white race)* Mulatto
3. *Date of Birth,* May 15 1888
4. *Place of Birth, (Street and Number)* 861 Durham st
5. *Full Name of Mother,* Annie Hirt
6. *Mother's Maiden Name,* Annie Dvorak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Hirt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 231 N Washington st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — A 3104

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 15 May 1888
4. Place of Birth, (Street and Number) 518 N. Chapple St
5. Full Name of Mother, Kate Baker
6. Mother's Maiden Name, Kate Bunte
7. Mother's Birthplace, Germany
8. Full Name of Father, George Baker
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3,105

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Fem'l
2. Race or color, (if not of the white race) White
3. Date of Birth, 16 May 1886
4. Place of Birth, (Street and Number) 1209 Peabody
5. Full Name of Mother, Mary Duety
6. Mother's Maiden Name, Mary Dietz
7. Mother's Birthplace, Germany
8. Full Name of Father, John Duety
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitish

Address, 405 N Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or inmate of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3104

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 18 May 1888
4. Place of Birth, (Street and Number) 1818 Monument
5. Full Name of Mother, Christiana Lehner
6. Mother's Maiden Name, Christiana Detrich
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Lehner
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 205 N Washington St

Remarks.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 3107

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th May 1888
4. Place of Birth, (Street and Number) Belair Ave. Avenue
5. Full Name of Mother, Barbara Wild
6. Mother's Maiden Name, Barbara Rockstroh
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Georg Wild
9. Father's Occupation, Labor.
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st A. 3105

1. Sex, (state whether ~~male~~ or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th
4. Place of Birth, (Street and Number) 920 W. Back St
5. Full Name of Mother, Mary Hopkins Shipley
6. Mother's Maiden Name, Mary Hopkins
7. Mother's Birthplace, Maryland
8. Full Name of Father Louis Shipley
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin

Address, 425 N Carrotza St

Remarks,

Blank schedules will be furnished on application at the office of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A** 3104

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, May 22nd 1888
4. Place of Birth (Street and Number), #213 N. Calvert St.
5. Full Name of Mother, Mary Collins McStiney
6. Mother's Maiden Name, Mary Collins
7. Mother's Birthplace, Ireland
8. Full Name of Father, James McStiney
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Emmett C Stuart M.D.

Address, City Hospital

Remarks, Slow but normal

The Baltimore Publishing Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth. 4. 3110
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	29th May.
4. Place of Birth (Street and Number),	No 1. Penn. St.
5. Full Name of Mother,	Mary Annie Guerke.
6. Mother's Maiden Name,	Mary Annie Long.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Charles Sigmund Guerke
9. Father's Occupation,	Stevemaker.
10. Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Mrs W. Wiseman Midwife.
Address,	923 Penna ave
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. (3111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 88
4. *Place of Birth, (Street and Number)* 14 E Madison
5. *Full Name of Mother,* Annie G. Rabrg
6. *Mother's Maiden Name,* Rick
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edw'd L Rabrg
9. *Father's Occupation,* Mchl.
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Dr. Owings No 5

Address. 1319 Madison Ave

Remarks,

...arth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Anastasia Hamp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 3112

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 8/88
4. Place of Birth (Street and Number), 1071 Myrtle ave
5. Full Name of Mother, Mrs. Matilda M. Hamp.
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Balto. md.
8. Full Name of Father, Conrad Hamp
9. Father's Occupation, Picture Frame manufacturer
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other person who makes this Return. T C Worthington

Address, 8406 Fairfield st

Remarks, [redacted] 5-5-53

4.74

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th Child **A.** 3113

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 22nd of May 1888
4. Place of Birth, (Street and Number) 933 Milton place
5. Full Name of Mother, Maggie Brunner
6. Mother's Maiden Name, Maggie Hohmann
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Joseph Brunner Jr.
9. Father's Occupation, Policeman
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A. D. Linder

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 31141
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 24/68
4. Place of Birth (Street and Number),	904 Mulberry st W.
5. Full Name of Mother,	Mrs. Cora C. Winkler
6. Mother's Maiden Name,	" " Coleman
7. Mother's Birthplace,	Penna.
8. Full Name of Father,	Joseph M Winkler
9. Father's Occupation,	Auctioneer Clerk
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	T. C. Worthington M D
Address,	#840 W. Fayette st.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 3115

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, May 28th.
4. Place of Birth, (Street and Number) 1112 Scott st.
5. Full Name of Mother, Louisa Michael
6. Mother's Maiden Name, " Doerr
7. Mother's Birthplace, Germany
8. Full Name of Father, Philip Michael
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return: J. L. L. Biddenbach

Address, 416 S. Paca st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Missing A 3116 – A 3896,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second **A.** 3897
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 1st 1888
4. *Place of Birth, (Street and Number)*	N. W. Cor Chase & Canal Sts
5. *Full Name of Mother,*	Amelia A Scott
6. *Mother's Maiden Name,*	Kapey
7. *Mother's Birthplace,*	Hungary
8. *Full Name of Father,*	Chas A Scott
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	S E Cor Caroline & Eager Sts
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A 3898
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 2nd 1881
4. *Place of Birth, (Street and Number)*	904 N Bond St
5. *Full Name of Mother,*	Josephine Burke Smith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John O Smith Burke
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S H Seldner M D
Address,	1 E Cor Caroline & Eager Sts
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. D 38694
1. *Sex. (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday May 3rd. 1868.
4. *Place of Birth, (Street and Number)*	405 E. Lanvale St.
5. *Full Name of Mother,*	Carrie Harrison
6. *Mother's Maiden Name,*	Carrie Cury
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Jos. Harrison
9. *Father's Occupation,*	Asst Dr Comptroller,
10. *Father's Birthplace,*	Connecticut
Name of Medical Attendant, or other person who makes this Return.	Wilmer Bowton M.D.
Address,	Chas St & Fremont Place
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 3400

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth*
4. *Place of Birth, (Street and Number)* January 12 1888
5. *Full Name of Mother,* Flora Harris
6. *Mother's Maiden Name,* ~~Flora Harris~~
7. *Mother's Birthplace,* Charles County Md
8. *Full Name of Father,* William Harris
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Wm Mary Jones

Address, 1121 Caroline St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Jones Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male 2nd A 3901
1. *Sex, (state whether male or female)*	
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 14 th
4. *Place of Birth, (Street and Number)*	210 B division Street
5. *Full Name of Mother,*	Mary Mc Carthy
6. *Mother's Maiden Name,*	Mary Brook
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Mc carthy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm A Hauenschild
Address,	630 Hosler Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to record its birth to the Commissioner of Health, in the manner herein above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2nd A 6902
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	14th May
4. *Place of Birth, (Street and Number)*	1333 Carey street
5. *Full Name of Mother,*	Florence Love
6. *Mother's Maiden Name,*	Florence Arnold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Cook Love
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm A Kenworthy
Address,	620 Mosher street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child to whom shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 3903
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 15, 1888
4. *Place of Birth, (Street and Number)*	1007 E. Preston St
5. *Full Name of Mother,*	Sallie E Taylor
6. *Mother's Maiden Name,*	" " Kean
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamin F. Taylor
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C. H. Thomas. M.D.
Address,	1006 E Baltimore St
Remarks,	

"Every Physician, Midwife or other person having charge of or rendering assistance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A. (3904
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16 1888
4. *Place of Birth, (Street and Number)*	118 Hanover St
5. *Full Name of Mother,*	Louise Haymond
6. *Mother's Maiden Name,*	Louise Weber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Haymond
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D
Address,	311 Hanover av
Remarks.	

HEALTH DEPARTMENT BALTIMORE MD

The Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Thos. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3906

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 May 1888
4. *Place of Birth, (Street and Number)* 1903 N Lombard St.
5. *Full Name of Mother,* Clara Maine
6. *Mother's Maiden Name,* Clara Fiehl
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Emil Maine
9. *Father's Occupation,* B & O R R Shop
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. W. H. Carter M.D.

Address, 1807 N. Balto St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance to make such report, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ~~Male~~ Samuel

1. Sex (state whether male or female), Male — A. 3906
2. Race or Color (if not of the white race), White
3. Date of Birth, May 19, 1888
4. Place of Birth (Street and Number), 123 Colvin St
5. Full Name of Mother, Sarah Hoffberger
6. Mother's Maiden Name, Sarah Hollander
7. Mother's Birthplace, Austria
8. Full Name of Father, Charles Hoffberger
9. Father's Occupation, Buttonholemaker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E Schneman

Address, 1 Clemarle st & 103

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been stillborn), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th A 3907

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 22 nd
4. *Place of Birth, (Street and Number)* Aliner alley near Baker st
5. *Full Name of Mother,* Lizzie Bargman
6. *Mother's Maiden Name,* Lizzie Ehrlund
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bargman
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A Heunzeld

Address, 630 Hosher street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st. A 3908
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	May 28th 1881.
4. Place of Birth (Street and Number),	517 Arlington Av,
5. Full Name of Mother,	Charlotte A Frey,
6. Mother's Maiden Name,	Charlotte A York.
7. Mother's Birthplace,	Pennsylvania,
8. Full Name of Father,	Wall A Frey,
9. Father's Occupation,	Grain Merchant,
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Geo S Pennington, M.D.
Address,	804 N Carrollton Av,
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-12-53

To the Office of Registrar of Vital Statistics, Board of [redacted], Baltimore City.

Name: Mickey Sylvan Neuhan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 3709

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 28th 1888

4. Place of Birth (Street and Number), 1832 Hanover Ave

5. Full Name of Mother, Sarah Neuhan

6. Mother's Maiden Name, " Frank.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph S. Neuhan

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 3910

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, May 28, 1888
4. Place of Birth, (Street and Number) 801 Franklin St
5. Full Name of Mother, Anna Lindner
6. Mother's Maiden Name, Anna Simpendt
7. Mother's Birthplace, Germany
8. Full Name of Father, Leopold Lindner
9. Father's Occupation, Stalsman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 3911

hild of Mother, (state whether 1st, 2d, 3d, &c.)	Third
tate whether male or female)	Male
or Color (if not of the white race)	White
of Birth	29 May
of Birth (Street and Number)	Baltimore No 1132 Myrtle Av
Name of Mother	Annie Fauldrath
r's Maiden Name	Annie Lange
r's Birthplace	Baltimore
Name of Father	August Fauldrath
r's Occupation	Labourer
r's Birthplace	Germany
of Medical Attendant, or other Person who makes this Return.	Mrs Ruth B Gallagher
ss	No 1206 West Pratt St
rks	

Missing #A 3912

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 3713

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30th 1888

4. Place of Birth, (Street and Number) 1126 Franklin St

5. Full Name of Mother, Mary Rothero

6. Mother's Maiden Name, " Furman

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, George Rothero

9. Father's Occupation, Manager of Spice Mills

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Jno. A. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

BALTIMORE MD.

The Mayor & C. C. of the City of Baltimore ordain that the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Lewis A 3914

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 31, 1888
4. *Place of Birth (Street and Number),* N. Ballo St
5. *Full Name of Mother,* Hennie Schaeffer
6. *Mother's Maiden Name,* Hennie Levy
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Isaac Schaeffer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E Schneeman

Address, 1 Monroe St

Remarks,

This schedule shall contain a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 13910

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	Col
3. *Date of Birth,*	May 31st/88
4. *Place of Birth,* (*Street and Number*	1113 Clarkson alley
5. *Full Name of Mother.*	Mary. Williams
6. *Mother's Maiden Name.*	Mary Fowler
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Joseph. Williams
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Caroline Moore
Address,	No 58 n. West st
Remarks,	

Caroline Moore

If the mother of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

... & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3916

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	1st July
4. *Place of Birth, (Street and Number)*	Mass Hospital Space
5. *Full Name of Mother,*	Annie Cunningham
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joe Cunningham
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Cosper
Address,	1016 E. Hanford st
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name -- Camilla

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child A 3917
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	1 July 1888
4. Place of Birth (Street and Number),	Jenfot Alley 1502
5. Full Name of Mother,	Maggie A Griffind
6. Mother's Maiden Name,	Maggie A daughty
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Griffind
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Virginnia
Name of Medical Attendant, or other person who makes this Return.	Elizebeth Mondouney
Address,	1124 North Ridgeley Street
Remarks,	GIVEN NAME ADDED 4-8-54 2 M

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 3918
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 1st 1888
4. *Place of Birth, (Street and Number)*	110 Division st
5. *Full Name of Mother,*	Henrietta Winston
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	St mary County, Md.
8. *Full Name of Father,*	Elijah Winston
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Hester Clarke
Address,	505 Preston st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 3919

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st
4. Place of Birth, (Street and Number) 319 S Wolfe St.
5. Full Name of Mother, Zetta Anderson
6. Mother's Maiden Name, Zetta Carr
7. Mother's Birthplace, Md
8. Full Name of Father, John Anderson
9. Father's Occupation, Laborer
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return. Jno. C. Beale

Address, 1713 Bank St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Jno. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 3920

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 1st July.
4. *Place of Birth, (Street and Number)* 149 East St
5. *Full Name of Mother,* Annie Bell
6. *Mother's Maiden Name,* Annie Johnson.
7. *Mother's Birthplace,* Pokmoal City
8. *Full Name of Father,* Walter Bell
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* ~~Baltimore~~ Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. Daniel Jackson

Address, 1016 Douglass St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEE J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Gertrude Price A. 3921

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 2 1888
4. *Place of Birth, (Street and Number)*	1606 Edmondson
5. *Full Name of Mother,*	Gertrude Price
6. *Mother's Maiden Name,*	Hall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred Price
9. *Father's Occupation,*	Pilot
10. *Father's Birthplace,*	Talbot Co Md
Name of Medical Attendant, or other person who makes this Return.	Theodore Parker M.D.
Address,	1606 Edmondson Ave
Remarks,	MIDDLE NAME ADDED. 5-5-52

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 3922
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth*	July 1st 1888
4. *Place of Birth, (Street and Number)*	60 E Lexington Alley
5. *Full Name of Mother,*	Julia Rau
6. *Mother's Maiden Name,*	E Riebel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father*	Geo Rau
9. *Father's Occupation,*	Wagon maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Theodore Cooke M.D.
Address,	91 N Eutaw St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1888 J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd — A 3423
1. *Sex, (state whether male or female)*	~~White~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1st 1888
4. *Place of Birth, (Street and Number)*	1309 Dallas St
5. *Full Name of Mother,*	Emma Taylor
6. *Mother's Maiden Name,*	Galvin
7. *Mother's Birthplace,*	Balti Md
8. *Full Name of Father,*	Lafayette Taylor
9. *Father's Occupation,*	Railroad occupation
10. *Father's Birthplace,*	Balti Md
Name of Medical Attendant, or other Person who makes this Return.	Laetitia Sloane
Address,	1212 Lan[e] Eldersly St
Remarks,	City

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Mary Magdalene Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 3924

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1888
4. Place of Birth, (Street and Number) 2141 Fairmount Ave
5. Full Name of Mother, Lydia Ann Snyder
6. Mother's Maiden Name, Lydia Ann Neely
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A Lyder
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J T Spickmall M. D.

Address, 24 N Patterson Pk Ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Eugene Gross

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 3925

1. Sex, (state whether male or female) Male 1 1
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth July 1, 1900.
4. Place of Birth, (Street and Number) Baltimore Burgundy Alley 536
5. Full Name of Mother, Mary Francis Gross
6. Mother's Maiden Name, Mary Francis Lyons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kinsey Gross.
9. Father's Occupation, Brickmaker.
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return. Doctor Jane Simms

Address, 535 West Street

Remarks,

Every Person having charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3926

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 1. 1888
4. Place of Birth, (Street and Number) 216 N. Bull St.
5. Full Name of Mother, Mrs. Annette Dawson Richardson Hall
6. Mother's Maiden Name, Miss Annette Dawson Richardson
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Mr. Gustavus Manfield Hall
9. Father's Occupation, Clergyman
10. Father's Birthplace, Liberty Town Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return. U. G. Rucker M.D.

Address, 2000 E. Balt. St.

Remarks, Unexceptionable

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A3927

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1st of July
4. Place of Birth (Street and Number),	No 5. Pear St near Garrison Lane
5. Full Name of Mother,	Johana Müller
6. Mother's Maiden Name,	Johana Lehmann
7. Mother's Birthplace,	Perlin Preussen
8. Full Name of Father,	Otto F. Müller
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Preussen
Name of Medical Attendant, or other person who makes this Return.	Friedericke Kenter. Midwife
Address,	2116 West Pratt St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3928

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd Twins
1. *Sex, (State whether male or female)*	Girls
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	5th of July 1888
4. *Place of Birth, (Street and Number)*	No 1162 Low St
5. *Full Name of Mother,*	Mrs Matilda Hladney
6. *Mother's Maiden Name,*	Matilda Imanolz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Hladney
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas Ch. Lauer
Address,	No 1057 Kentucky Ave
Remarks,	Still Birth 1888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 9929

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 5 88

4. *Place of Birth, (Street and Number)* 1928 E Pratt St.

5. *Full Name of Mother,* Hannah C. Brown

6. *Mother's Maiden Name,* Hannah C. Barry

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles A. Brown

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Frank G Monks M.D.

Address. 4 Dr Slater

Remarks, Premature twin (Jr Monks)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the (office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 D 3930
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2 1888
4. *Place of Birth, (Street and Number)*	1007 Light St
5. *Full Name of Mother,*	Mary E Pentuno
6. *Mother's Maiden Name,*	Mary E Cook
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Cyrus Jas. Pentuno
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return	H B Noble M.D
Address,	301 Mariner ave
Remarks,	

Ian Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 3431

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 2. 1895
4. Place of Birth, (Street and Number) 105 E. Pratt St.
5. Full Name of Mother, Mrs Lucy Elizabeth Linder Hartman
6. Mother's Maiden Name, Lucy Elizabeth Linder
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Conrad Hartman
9. Father's Occupation, Clergyman
10. Father's Birthplace, Bad Kirchberg Germany

Name of Medical Attendant, or other person who makes this Return. Dr Blanchard

Address, 1102 E. Baltimore St

Remarks, Natural Mother

Every birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, specified, in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 3932

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2
4. Place of Birth, (Street and Number) 2215 Hall St
5. Full Name of Mother, Brigdet Mackay
6. Mother's Maiden Name, Brigdet Canady
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Mackay
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Curtis

Address, 2411 Druid Hill St

Remarks,

B. FLAT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th A 3763
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 2d 1888
4. *Place of Birth, (Street and Number)*	1228 Parish Alley
5. *Full Name of Mother,*	Ellen Hill
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Cambridge md.
8. *Full Name of Father,*	Jonne Hill
9. *Father's Occupation,*	Hod Carrier
10. *Father's Birthplace,*	Cambridge, md.
Name of Medical Attendant, or other person who makes this Return.	Hester Colance
Address,	505 Pratt st
Remarks,	

HEALTH DEPT. BALTIMORE MD.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 3934
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	W
3. *Date of Birth*	July 2 1888
4. *Place of Birth (Street and Number)*	1001 Hanover
5. *Full Name of Mother*	~~Hannah~~ Rinaldo Rinaldo
6. *Mother's Maiden Name*	" Biggs
7. *Mother's Birthplace*	Md Balto City
8. *Full Name of Father*	Geo. Rinaldo
9 *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace*	~~Balto~~ Balto City
Name of Medical Attendant, or other Person who makes this Return.	R. H. Reed M.D.
Address	915 Eutaw
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d A. 3935
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2nd, 1888
4. Place of Birth (Street and Number)	# 1714 Alice Anna St
5. Full Name of Mother	Annie Schlee
6. Mother's Maiden Name	Bauersocks
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schlee
9 Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John H. Rahberger
Address	# 1709 Alice Anna St.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 3936

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 1888
4. *Place of Birth, (Street and Number)* 2223 E. Fayette
5. *Full Name of Mother.* Katie Weber
6. *Mother's Maiden Name,* " Lepper
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father.* Christian Weber
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return J. H. Callenberg

Address, 1810 E Balto. St.

Remarks,

"Every person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother immediately thereto, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A 3927
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 2 — 1888.
4. *Place of Birth, (Street and Number)*	141 Hamburg st.
5. *Full Name of Mother,*	Cunegunde Diesing.
6. *Mother's Maiden Name,*	Stoerdel.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	George Diesing.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 3938

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Whole
3. Date of Birth, July 3rd 1898
4. Place of Birth, (Street and Number) 1012 N Amity St
5. Full Name of Mother, Pauline Kratz
6. Mother's Maiden Name, Munzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Kratz
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Feldner M D

Address, 1 E. Bo Caroline Eager St.

Remarks,

Every birth shall be reported within ten days after occurrence, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT RECEIVED

Every person in charge of an institution where a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the institution during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th A 3939
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 3rd 1888
5. *Place of Birth, (Street and Number)* 1750 N. Lexington St.
6. *Full Name of Mother,* Annie E. Ford
7. *Mother's Maiden Name,* " " Browne
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Harry Ford
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr L. E. Neale

Address, 319 W. Monument St

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13940

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 3d. '88
4. Place of Birth (Street and Number), 5-39 N. Macken St.
5. Full Name of Mother, Susie Shiners
6. Mother's Maiden Name, " Walsh
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. Shiners
9. Father's Occupation, Shoes
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. F. W. Gardner

Address, 424 N. Greene St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child of any [illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

Dww

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

Name of child: ~~Myrtle~~ A. Benast

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 3741

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 3 — 88
4. *Place of Birth (Street and Number)* 11 E Warren ave
5. *Full Name of Mother* Annie ~~D~~ Benast
6. *Mother's Maiden Name* Robertson
7. *Mother's Birthplace* B City
8. *Full Name of Father* Fred ~~D~~ Benast
9. *Father's Occupation* Fruit ~~Dr~~ Packer
10. *Father's Birthplace* B City

Name of Medical Attendant, or other Person who makes this Return. Dr T O Edes

Address 915 Eutaw

Remarks

GIVEN NAME ADDED 4-26-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Satterfield

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A. 3743

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 3rd 1888.
4. Place of Birth, (Street and Number) Calvin Ave. Waverly
5. Full Name of Mother, Mary E. Satterfield
6. Mother's Maiden Name, Mary E. Seivard
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph T. Satterfield
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J B Hartzell M.D.

Address, 1137 York Road

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3143

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 3/88
4. Place of Birth, (Street and Number) 205 N. High Str. Sixth
5. Full Name of Mother, Fredy
6. Mother's Maiden Name, " Weinstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Reizbeck
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rebbeca Kaplan

Address, 107 Broad Alley

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 3/04
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	3. July
4. *Place of Birth, (Street and Number)*	1013. E. Caroline. St
5. *Full Name of Mother,*	Nellie V. Constance
6. *Mother's Maiden Name,*	Gorden
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John G. Constance
9. *Father's Occupation,*	Paperhaner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Walter
Address,	503. Caroline St,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the [illegible] born or [illegible] place, shall keep a true and correct register of such birth ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. Sex, (state whether male or female) Female A 3945
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2 1[illegible]
4. Place of Birth, (Street and Number) 1012 Eastern ave.
5. Full Name of Mother, Annie Burk
6. Mother's Maiden Name. Burk
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Burk
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. W. Grady M.D.

Address, 111 E Baltimore

Remarks,

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A: 3745

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* July 3 1898
4. *Place of Birth (Street and Number),* 922 durhom St
5. *Full Name of Mother,* Jennie camphor
6. *Mother's Maiden Name,* Jennie Camphor
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* James cook
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easten Shore

Name of Medical Attendant, or other person who makes this Return. Elen carson

Address, 1026 Chappel St

Remarks,

register of such birth, and shall enter the same on a blank ... to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 2947

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	9th of July 1868
4. Place of Birth, (Street and Number)	No 920 Valley Street
5. Full Name of Mother,	Amelia Seufert
6. Mother's Maiden Name,	Amelia Lechner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Seufert
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 1027 Maryland Ave
Remarks,	Died Oct 1868

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (State whether male or female)*	Male A-3948
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	9th of July 1838
4. *Place of Birth, (Street and Number)*	No 503 Eden Street
5. *Full Name of Mother,*	Amanda Ryley
6. *Mother's Maiden Name,*	Amanda Brown
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	James Ryley
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Philadelphia Pa.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch. Sauer
Address,	No 1034 Hartford Ave
Remarks,	East Balt
	1888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3949

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	pub'c t. 3 1888
4. *Place of Birth, (Street and Number)*	carlton st No 661
5. *Full Name of Mother,*	May Carroll
6. *Mother's Maiden Name,*	May green
7. *Mother's Birthplace,*	city
8. *Full Name of Father,*	[illegible] Carroll
9. *Father's Occupation,*	labor
10. *Father's Birthplace,*	city
Name of Medical Attendant, or other Person who makes this Return,	Dr Holloway Inspector Mid wife
Address,	carlton st No 511
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of such person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3905

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	July 3rd 1888
4. *Place of Birth, (Street and Number)*	1917 Frederick Avenue
5. *Full Name of Mother,*	Rosa B. Hush
6. *Mother's Maiden Name,*	Rosa B. Ebberts
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm J. Hush.
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto County.
Name of Medical Attendant, or other Person who makes this Return.	Samuel Powell, M.D.
Address,	# 217 Aisquith St.
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH DEPARTMENT BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3951

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 26th 1895
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Alice Marshall
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Andrew W Marshall
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Theodore [illegible] M.D.

Address, [illegible]

Remarks,

Rules of Board. 1st. Every physician or midwife in attendance upon a birth shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3952

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Whit
3. Date of Birth, July 8th 1848
4. Place of Birth (Street and Number), No 1015 Abbeys Alley
5. Full Name of Mother, Henrietta Harrison
6. Mother's Maiden Name, Henrietta Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Harrison
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Horning

Address, No 1517 Byrd st

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be sectioned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

3a A3763

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3d 1888
4. *Place of Birth, (Street and Number)* 1022 Johnson Av
5. *Full Name of Mother,* Jennie Gladfelter
6. *Mother's Maiden Name,* Jennie Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Gladfelter
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. H B Noble M D

Address, 305 Warren Av

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th 8754
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4 1888
4. *Place of Birth, (Street and Number)*	119 Poultney St
5. *Full Name of Mother,*	Mary Dobson
6. *Mother's Maiden Name,*	Mary E Buckley
7. *Mother's Birthplace,*	Calvert Co
8. *Full Name of Father,*	Capt. Jesse Dobson
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Dorchester Co
Name of Medical Attendant, or other Person who makes this Return.	H. E. Noble, MD
Address,	201 Warren av
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Isaac Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. D 3955

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 88
4. Place of Birth, (Street and Number) 1 N. Carrollton Ave
5. Full Name of Mother, Marie Schaeffer
6. Mother's Maiden Name, Marie McCrea
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Schaeffer
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. N. C. Olile. M. D.

Address, 1120 W. Fayette St. cor. Carrollton Ave.

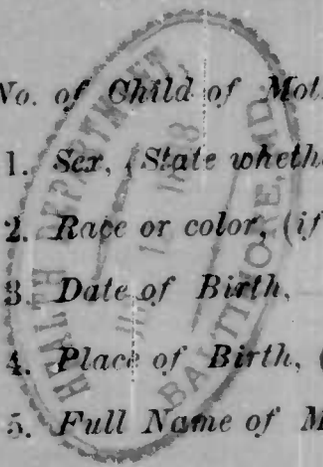
Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 3455
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday July 4th 1888
4. *Place of Birth, (Street and Number)*	1004 Clifton Place
5. *Full Name of Mother,*	Sarah A. ~~Howard~~ Gilmor
6. *Mother's Maiden Name,*	Sarah A. Howard.
7. *Mother's Birthplace,*	Elkton, Cecil Co. Md.
8. *Full Name of Father,*	Wm. Gilmor,
9. *Father's Occupation,*	Printer,
10. *Father's Birthplace,*	Elkton Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D
Address,	Chas St. & Howard Place.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	4th July
4. *Place of Birth, (Street and Number)*	505 Exeter st
5. *Full Name of Mother,*	Hanna Weile
6. *Mother's Maiden Name,*	Gross
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Weile
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 4th 1888
4. *Place of Birth, (Street and Number)*	105 N Chapel St
5. *Full Name of Mother,*	Annie Porter
6. *Mother's Maiden Name,*	Annie Davis
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Robt Porter
9. *Father's Occupation,*	Dec'd Asph
10. *Father's Birthplace,*	NC
Name of Medical Attendant, or other person who makes this Return.	Jane Mordecai
Address,	
Remarks,	

BALTIMORE MD

A 3/17

The [illegible] also state [illegible] the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which ~~have occurred~~ under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* ~~Female~~ Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 4th
4. *Place of Birth (Street and Number),* 811 S Bond St.
5. *Full Name of Mother,* Emma Metzger
6. *Mother's Maiden Name,* Emma Trautner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. F. Metzger
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Marie Veal.

Address, S. Bond St. 849

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Head A. 3960

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, fourth of July 1885
4. Place of Birth, (Street and Number) 829 Harmony lane Balto
5. Full Name of Mother, Elise Beth Wide
6. Mother's Maiden Name, Elise Beth Wide
7. Mother's Birthplace, Verginia
8. Full Name of Father, William Tripp
9. Father's Occupation, Brickyard laBer
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mid Wife

Address, Hairett Hutchins

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child. A. 3961
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	24th of July 1888.
4. *Place of Birth, (Street and Number)*	1911 Medley & Chapel st.
5. *Full Name of Mother.*	Ellen Rosenberger
6. *Mother's Maiden Name,*	Ellen Bulled
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Bulled
9. *Father's Occupation,*	Pottery
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

RETURN OF A BIRTH (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 39,662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male - Lawrence H Burry
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	4 July 1888
4. *Place of Birth, (Street and Number)*	923 Columbia Avenue
5. *Full Name of Mother,*	Kate (Burry) Burry
6. *Mother's Maiden Name,*	Kate (Faith) Foy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank (Burry) Burry
9. *Father's Occupation,*	Varnisher & Polisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr E Reinhart
Address,	720 N Howard Street
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 4 July
4. Place of Birth, (Street and Number) 620 N. Bethel St
5. Full Name of Mother, Rosa Schmidt
6. Mother's Maiden Name, " Gouch
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose Ellig

Address, 1302 Holland St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding, set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 3964

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11

4. Place of Birth, (Street and Number) 221 Bruns al

5. Full Name of Mother, Ruth Sandra

6. Mother's Maiden Name, Ruth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Sanday

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return: Mary Ritner

Address, 2411 So Schuster St

Remarks,

To prevent delay in the issue of burial permits, the person in charge of each interment where a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. MAY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3165

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* July 4 1880
4. *Place of Birth*, (*Street and Number*) 702 William St.
5. *Full Name of Mother*, Katie Cornick
6. *Mother's Maiden Name*, Corbitt
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, M. Cornick
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kerlough

Address, 15 E. Montgomery St.

Remarks,

SECTION 2. And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and accurate register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 3166

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 & 6 L
1. *Sex, (state whether male or female)*	Both Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4th
4. *Place of Birth, (Street and Number)*	1217 Gough st
5. *Full Name of Mother,*	Katherine Streiter
6. *Mother's Maiden Name,*	Katherine Ringsdorf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Streiter
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	German
Name of Medical Attendant, or other Person who makes this Return.	W Heather Int
Address,	4 N Broadway
Remarks,	This patient has twins

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the attending physician or midwife be unable to attend to it, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Law Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child A 3967

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11th 1865
4. *Place of Birth, (Street and Number)* 704 E Baltimore St
5. *Full Name of Mother,* Emma Ritterbusch
6. *Mother's Maiden Name,* Lauer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Ritterbusch
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. M Gatch M. D.

Address, 1111 Broadway

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 6968

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5th
1. *Sex*, (*state whether male or female*)	Girl
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	July 4
4. *Place of Birth*, (*Street and Number*)	Balto. No 24 W. Cross St
5. *Full Name of Mother*,	Sarey. Fisher
6. *Mother's Maiden Name*,	Carrie
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	John. Fisher
9. *Father's Occupation*,	Driver
10. *Father's Birthplace*,	Balto md
Name of Medical Attendant, or other Person who makes this Return	Carlin, Mooney
Address,	1058 W. West St
Remarks,	Mrs Carolin Moore

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3964

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 5th July 1886
4. Place of Birth, (Street and Number) 2434 Oak St -
5. Full Name of Mother, Anna Maria Jewby
6. Mother's Maiden Name, " " Blencowe
7. Mother's Birthplace, Worcester, England -
8. Full Name of Father, William Carter Jewby
9. Father's Occupation, Stenographer
10. Father's Birthplace, London, England -

Name of Medical Attendant, or other person who makes this return, Wm C. Kloman M.D.

Address, 1519 John St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. LULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 3970

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 5th 1898

4. Place of Birth, (Street and Number) Henry Ave Balto City

5. Full Name of Mother, Lena Brooks

6. Mother's Maiden Name, " Conrad

7. Mother's Birthplace,

8. Full Name of Father, Eugene Brooks

9. Father's Occupation, Laborer

10. Father's Birthplace, Woodberry Balto Co.

Name of Medical Attendant, or other Person who makes this Return. D W Smith M.D.

Address, Woodberry Balto City

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child A 3971

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 5th of July
4. *Place of Birth, (Street and Number)* no 210 Rock St
5. *Full Name of Mother,* Louisa Emrich
6. *Mother's Maiden Name,* Louisa Daly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry William Emrich
9. *Father's Occupation,* Fish Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 — L. 3972

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 5 1888
4. Place of Birth, (Street and Number) 1045 Saratoga St Baltimore City No. 9
5. Full Name of Mother, Louise Carrie Stuckle
6. Mother's Maiden Name, Louise Carrie Glaser
7. Mother's Birthplace, Baltimore City No. 9.
8. Full Name of Father, Charles Michael Stuckle
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore City No. 9.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson Town St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third No. 3973

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday July 6th (12.45 A.M.)
4. *Place of Birth, (Street and Number)* 22 Druidville Ave (Woodbury)
5. *Full Name of Mother,* Mary Agnes Slack
6. *Mother's Maiden Name,* Mary A. Frost
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Thos. L. Slack
9. *Father's Occupation,* Civil Engr
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Reed

Address, Park Ave & Mulberry St

Remarks, Baltimore

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 6th 88
4. *Place of Birth, (Street and Number)*	22nd & Frankman ave
5. *Full Name of Mother,*	Lizzie Loudin
6. *Mother's Maiden Name,*	Lizzie Collins
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John Loudman
9. *Father's Occupation,*	Working
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Moreland
Address,	
Remarks,	

HEALTH DEPT. BALTIMORE MD.

A 3974

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 3975

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July 6 days 1888
4. Place of Birth, (Street and Number) Peach alley 603
5. Full Name of Mother, annie Brooks
6. Mother's Maiden Name, annie Brown
7. Mother's Birthplace, Balt maryland
8. Full Name of Father, dec Brooks
9. Father's Occupation, hard labar
10. Father's Birthplace, Balt maryland

Name of Medical Attendant, or other Person who makee this Return

Address, 603 Peach alley

Remarks, mid wife

Mary E Denney

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. A 3976

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth July 6th 1888

4. Place of Birth (Street and Number) 408 W Fayette St

5. Full Name of Mother Ellen

6. Mother's Maiden Name Farmer

7. Mother's Birthplace Virginia

8. Full Name of Father Philip Fink

9. Father's Occupation Caterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D Bellowartz M.D.

Address 949 Madison Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3777

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 6, 1888
4. *Place of Birth, (Street and Number)*	1718 Orleans St
5. *Full Name of Mother,*	Bettie Celia Foster
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Geo Melia
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	605 Walker St Balto Md.
Remarks,	

Attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been stillborn, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3978

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	6th July
4. *Place of Birth, (Street and Number)*	606 Eutaw st
5. *Full Name of Mother,*	Maggie Swede
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	Ivan Swede
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E Lanvale st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th D 3979
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 6
4. Place of Birth (Street and Number),	Hurst St 1102
5. Full Name of Mother,	Regina Baker
6. Mother's Maiden Name,	Matilda Lowe
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Adam Baker
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettie
Address,	No 1619 Lubeck St
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Christine Doretta — Stoll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (State whether male or female)	Female A 398
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 6 — 1888
4. Place of Birth, (Street and Number)	647 Portland st.
5. Full Name of Mother,	Lidia Stoll
6. Mother's Maiden Name,	Gephardt.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Conrad Stoll
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return	J. Lohrasse Midwife
Address,	1032 Hanover st.
Remarks,	GIVEN NAME ADDED 3-29-54 L.M.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A3781

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ter

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 6th of July 1838.
4. *Place of Birth (Street and Number),* 207 N Castle Street.
5. *Full Name of Mother,* Charlotte Fridrick
6. *Mother's Maiden Name,* Charlotte Rathgeber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Charlotte~~ Charles Fridrick
9. *Father's Occupation,* Baarkeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Jane Hill midwife

Address, 207 N. Castle Street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A3982

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 6th 1888.
4. Place of Birth (Street and Number), 1910 Ken. Ave.
5. Full Name of Mother, Barbara Helen Richards
6. Mother's Maiden Name, Buchsbaum
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry J. Richards
9. Father's Occupation, C. P. R. W. Conductor
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 3983
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1888
4. *Place of Birth, (Street and Number)*	236 S. Eden Street
5. *Full Name of Mother,*	Delia Murphy
6. *Mother's Maiden Name,*	" Clarke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J. Murphy
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	James E. McShane, M.D.
Address,	2225 E. Pratt Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 3744
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 6 1888
4. Place of Birth (Street and Number),	629 S. Howard
5. Full Name of Mother,	Alice Gooden
6. Mother's Maiden Name,	Alice Greenmarland
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	Wm Gooden
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Cath Holland
Address,	629 S. Howard
Remarks,	Premature

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 3965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1888
4. Place of Birth, (Street and Number) 3 N. Schroeder St.
5. Full Name of Mother, Frieda Forster
6. Mother's Maiden Name, " " Heidmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Forster
9. Father's Occupation, Tinner
10. Father's Birthplace, Belgium

Name of Medical Attendant, or other Person who makes this Return — Dr. W. Gombel

Address, 610 S. Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Record of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 3986

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 7th
4. Place of Birth (Street and Number),	1114 Celina st.
5. Full Name of Mother,	Sarah Tyler
6. Mother's Maiden Name,	Sarah Dare
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	John Tyler
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	R. M. Hall M.D.
Address,	1019 D. Hillsave
Remarks,	

Rule under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 6 — A. 3987

1. Sex, (state whether male or female) — Female.
2. Race or color, (if not of the white race) — White. race
3. Date of Birth, — July 7/88
4. Place of Birth, (Street and Number) — No. 1803 Light St.
5. Full Name of Mother, — Mary M. Gallagher Jr
6. Mother's Maiden Name, — " " Stevens
7. Mother's Birthplace, — Philda. P.A.
8. Full Name of Father, — James. V. Gallagher.
9. Father's Occupation, — Merchant.
10. Father's Birthplace, — Balto. Md

Name of Medical Attendant, or other person who makes this Return. — Annie. Geems.

Address, — No. 1714 Light. St.

Remarks, — Yours, Fraternally.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Saturday July 7th. 1888.
4. *Place of Birth, (Street and Number)*	819 Neighter St.
5. *Full Name of Mother,*	May E. McDonald
6. *Mother's Maiden Name,*	May E. McIntire
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Edward McDonald,
9. *Father's Occupation,*	Iron Moulder,
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St. & Fremont Place
Remarks,	

BIRTH DEPARTMENT BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Bernard Riegel

A 3989

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 7th July - 1888
4. *Place of Birth, (Street and Number)* 213 Gallas st
5. *Full Name of Mother,* Isabelle Riegel
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Riegel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E Lombard st

Remarks, GIVEN NAME ADDED 6-5-53 K.M.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3990

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) dorkord
3. Date of Birth, July 7 18-88
4. Place of Birth, (Street and Number) W York st 129
5. Full Name of Mother, Mary Ellens
6. Mother's Maiden Name, Ellens
7. Mother's Birthplace, Taylor Island Dorchester Md
8. Full Name of Father, Wm H Ellens
9. Father's Occupation, laboring man
10. Father's Birthplace, Making neck Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Mary Maher

Address,

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3991

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th.
4. *Place of Birth, (Street and Number)* 1009 E. Fayette avenue
5. *Full Name of Mother,* Nellie M. Lemmon
6. *Mother's Maiden Name,* Nellie M. Spearman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John T. Lemmon
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Worden

Address, 936 Greenmount Ave

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the house in which the birth occurred. Every physician or midwife shall deliver to the parents, or to the Office of the Commissioner of Health, a certificate in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 3992

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),* White race
3. *Date of Birth,* July the 7st 188
4. *Place of Birth (Street and Number),* 1611 Race Ste
5. *Full Name of Mother,* Annie L Barg
6. *Mother's Maiden Name,* Annie Kelly
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Chas Barg.
9. *Father's Occupation,* work for C. H Pearson Co
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. Annie Maria Goeller.

Address, 1402 Hanover St

Remarks, Balto. City, Md.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the [illegible] required under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 — E 3993
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 7, 1897
4. *Place of Birth, (Street and Number)*	1497 Block St
5. *Full Name of Mother,*	Amanda Johnson
6. *Mother's Maiden Name,*	Amanda Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andro Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Sweden
Name of Medical Attendant, or other Person who makes this Return.	Mid Wife
Address,	Mrs Louis Smith
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh A. 3994

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* July 7
4. *Place of Birth, (Street and Number)* 522 Washington
5. *Full Name of Mother,* Mary A Lindsey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John William Gallery
9. *Father's Occupation,* Engineer Foreman
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa S Gallery

Address, 528 N Washington St

Remarks,

...ing midwifery in the City of Baltimore ...ace, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 3995

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 7 – 1888
4. *Place of Birth, (Street and Number)*	412 N. Carey st
5. *Full Name of Mother,*	Anna Mathilda Munroe Smith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Harry Randolph Munroe
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr Hanson Weisford
Address,	807 Allegheny ave
Remarks,	

Sec. 10.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be returned, duly signed by the practitioner in the form of a certificate hereafter prescribed, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 3996

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Saturday July 7th 1888
4. *Place of Birth, (Street and Number)* No 357 Fourth St
5. *Full Name of Mother* Catherine ~~Hertz~~ Popp
6. *Mother's Maiden Name* Catherine Hertz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Martin Popp
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Dell

Address No 349 Bunker St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third L 3997
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	7th of July
4. Place of Birth (Street and Number),	557 Baker st
5. Full Name of Mother,	Kate Cannoles
6. Mother's Maiden Name,	Kate Leary
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles B Cannoles
9. Father's Occupation,	Car. Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah E Rollins
Address,	1608 Vincent Ave Near Baker
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th A 8995
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 8 1888
4. *Place of Birth, (Street and Number)*	2916 E Lonnel St.
5. *Full Name of Mother,*	Mary Guttmann
6. *Mother's Maiden Name,*	Mary Mueller
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Guttmann
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm. L. Sweeney
Address,	721 Eutaw pl.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child shall have such sweetness its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 3979

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 8th. 188.
4. *Place of Birth* (Street and Number)	1824 E. Lombard St.
5. *Full Name of Mother*	Annie Teresia Heine.
6. *Mother's Maiden Name*	" " Schutz.
7. *Mother's Birthplace*	Baltimore. Md.
8. *Full Name of Father*	Jos. F. Heine.
9. *Father's Occupation*	Deputy Sheriff.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	J. J. Sullivan. M. D.
Address	1604 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether male or female),	Female A 4000
2. Race or Color (if not of the white race),	white ~~4000~~
3. Date of Birth,	July 8/88
4. Place of Birth (Street and Number),	710 Caulton St.
5. Full Name of Mother,	Sallie E. Danneker
6. Mother's Maiden Name,	" " Suter
7. Mother's Birthplace,	" Balto
8. Full Name of Father,	Frank A. Danneker
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

Every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall happen shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4001

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 8. 1888
4. Place of Birth, (Street and Number) 419. Forest St.
5. Full Name of Mother, Mattie Lee Stull
6. Mother's Maiden Name,
7. Mother's Birthplace, Fredrick Co Md.
8. Full Name of Father, Joseph Lee
9. Father's Occupation, Barber
10. Father's Birthplace, Rochester N.Y.

Name of Medical Attendant, or other person who makes this Return. Caroline Fuller

Address, 1603 Walker St. Balto Md

Remarks,

Baltimore under whose charge or supervision and ordained that every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4002

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* July 8th 1888
4. *Place of Birth, (Street and Number)* Cor. Harrison st. & Fayette
5. *Full Name of Mother,* Feiga Goldstein
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Nathan Goldstein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] such person be in attendance upon the mother, [illegible] it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd. A 4003
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 8, 1818
4. *Place of Birth, (Street and Number)*	824 Pond St.
5. *Full Name of Mother,*	Elizabeth Fanning
6. *Mother's Maiden Name,*	Elizabeth Apple
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frederick Fanning
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary J. Sherman
Address,	1721 Eutaw St
Remarks,	

Any midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred, its sex, race, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no return be made by the attendant upon the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULVEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 4004
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 8 / 88
4. *Place of Birth, (Street and Number)*	1909 Linden ave
5. *Full Name of Mother,*	Carrie L Dodson
6. *Mother's Maiden Name,*	Higbee
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	George H Dodson
9. *Father's Occupation,*	Lumber Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie
Address,	600 N. Howard St.
Remarks,	

Register of Births. Every person practicing midwifery in the City of ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4005.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	8th July
4. *Place of Birth, (Street and Number)*	129 Albemarle
5. *Full Name of Mother,*	Rosa Fichtel
6. *Mother's Maiden Name,*	Hamits
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gottsan Fichtel
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Lasher
Address,	1016 E Lombard st.
Remarks,	

Midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4006
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	July 8. 1888,
4. *Place of Birth, (Street and Number)*	717 W. Lovewood St,
5. *Full Name of Mother,*	Illyssa L. Swindell,
6. *Mother's Maiden Name,*	Kelly,
7. *Mother's Birthplace,*	Balto City,
8. *Full Name of Father,*	J. Rogers Swindell,
9. *Father's Occupation,*	Glass Manufr,
10 *Father's Birthplace,*	Balto. City,
Name of Medical Attendant, or other person who makes this Return	J. Lowrie Snyder M.D.
Address,	1007 W. Lanvale St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in charge, to the Commissioner of Health, at the office of the Commissioner of Health, on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. JUL

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 4007

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8th 1888
4. Place of Birth, (Street and Number) 3rd Ave Hamden Balto City
5. Full Name of Mother, Joan Layfer
6. Mother's Maiden Name. " Lovell
7. Mother's Birthplace, Balto County
8. Full Name of Father, Thomas Layfer
9. Father's Occupation, Merchant
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr Smith M.D.

Address, Broadway Balto City

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 4008

Name of child, Mary Wurtzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, 6 of June
4. Place of Birth (Street and Number), 825 Fidrick St.
5. Full Name of Mother, Catharina Wurtzer
6. Mother's Maiden Name, Catharina Kirchhoff
7. Mother's Birthplace, Germany
8. Full Name of Father, Friederich Würtzer
9. Father's Occupation, Laborer
10. Father's Birthplace, Schweiz

Name of Medical Attendant, or other person who makes this Return. Friederike Heuter Midwife

Address, 2116 West Pratt St.

Remarks,

Register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st B. 4009

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male.
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 6.
4. *Place of Birth (Street and Number),* Hull St. 1335.
5. *Full Name of Mother,* Christina Campbell.
6. *Mother's Maiden Name,* Christina Baker.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Michael Campbell.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Cuba.

Name of Medical Attendant, or other person who makes this Return. Mrs Margaret Ettel

Address, No 1619. Cuba St Baltimore

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 4010
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 9th 1899
4. *Place of Birth, (Street and Number)*	489 N. Monument st
5. *Full Name of Mother,*	Sarah Hall
6. *Mother's Maiden Name,*	Sarah Fisher
7. *Mother's Birthplace,*	Balto County md.
8. *Full Name of Father,*	Wm Hall
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto County md.
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	519 Preston st
Remarks,	

Every case where charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) A 4011

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, July 9th
4. Place of Birth, (Street and Number) 32 0 S Washington St
5. Full Name of Mother, Kate L, Mitchell
6. Mother's Maiden Name, " " Kerbner
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas L, Mitchell
9. Father's Occupation, Fireman Tug Boat
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A Tre Atherton M.D.

Address, 1102 E Balto St

Remarks,

And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 4012

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 9th July
4. *Place of Birth (Street and Number),* 837 S Bond St
5. *Full Name of Mother,* Julia Raduszozky
6. *Mother's Maiden Name,* Julia Novak
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* John Raduszozky
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return.

Address, Marie Preth

Remarks, S. Bond St. 840

...midwifery in the city of Balt... charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 24013

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1888
4. *Place of Birth, (Street and Number)* 618 W Lanvale
5. *Full Name of Mother,* Minnie Price
6. *Mother's Maiden Name,* Berry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rolando K Price
9. *Father's Occupation,* Merchant Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return — Geo H Lippencott

Address, 1421 Bolton St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

TRULAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 4014

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Sunday morning July 9th 1882
4. Place of Birth (Street and Number), 101 North Dallas St Balto Md
5. Full Name of Mother, Mrs Emma Wilson
6. Mother's Maiden Name, Emma jackson
7. Mother's Birthplace, Essex County Va
8. Full Name of Father, William Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizebeth Mondowney

Address, 424 North Register St

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

B 4015

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	light Brown (Mulatto)
3. Date of Birth	July 9th 1888
4. Place of Birth (Street and Number)	863 Lyndon Ave
5. Full Name of Mother	Sarah Elizabeth Clearance,
6. Mother's Maiden Name	Sarah Elizabeth Mason.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Wm Henry Clearance
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Edward M. Wise. M.D.
Address	706 N. Howard St. near Monument St.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th A 4016

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 10th
4. Place of Birth, (Street and Number) 1031 N. Lombard St
5. Full Name of Mother, Kate Butler Brooks
6. Mother's Maiden Name, Kate Butler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Michael S. Brooks
9. Father's Occupation, Policeman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Jas. A. Bradley

Address, 217 N. Broadway

Remarks, City Hosp.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORD. J. C. SALARY $ 00. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4017

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Child

3. Date of Birth, Tuesday 10

4. Place of Birth, (Street and Number) Lombard Alley No 1130

5. Full Name of Mother, Sarah Stanley

6. Mother's Maiden Name, Sarah Baffett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Butler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Mapes

Address,

Remarks,

BALTIMORE, MD.

...person practising midwifery in the City of Baltimore ... and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and ... ascertained the full name of each child (if any shall have been ... parents, the date and place of birth, and the said schedule shall ... certificate between the first and third day of each and every ... birth of any child as aforesaid, the attendance of a ... be in attendance upon the mother, immediately thereafter ... report the birth to the Commissioner of Health. In the ... or persons who shall hereafter fail to comply with the ... for each offense to be recovered as other fines and forfeitures recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd 4018
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 10 " 55
4. *Place of Birth, (Street and Number)*	205 E Stricker St.
5. *Full Name of Mother,*	Henrietta Jewell
6. *Mother's Maiden Name,*	Henrietta Shay
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	James P. Jewell
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Annapolis Md.
Name of Medical Attendant, or other person who makes this Return,	D. Blemish M.D.
Address,	Prat & Stricker St
Remarks,	

BALTIMORE CITY DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4019

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 10 / 98
4. *Place of Birth, (Street and Number)* 2322 Penn ave
5. *Full Name of Mother,* Sarah E. Griffin
6. *Mother's Maiden Name,* Sarah E. Richards
7. *Mother's Birthplace,* Balto Md
8. *Full Name of ~~Father~~,* Geo. L. Griffin
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Friedman

Address. 155 W Lombard

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 10 — 18
4. Place of Birth, (Street and Number)	1437 Lalope st
5. Full Name of Mother,	Mary Dietzel
6. Mother's Maiden Name,	Gerlach.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Fried Dietzel.
9. Father's Occupation,	Farmer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Mid
Address,	1032 Hanover st
Remarks,	

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should by other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 4021

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10
4. *Place of Birth (Street and Number)* 517 N. Franklin St
5. *Full Name of Mother* Sallie Mitchell
6. *Mother's Maiden Name* Sallie McCann
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Harry Mitchell
9. *Father's Occupation* Painter
10. *Father's Birthplace* U.S.A.

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosie Bush

Address 1608 Pulaski St.

Remarks Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child A 4052
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 10 — 1888
4. *Place of Birth, (Street and Number)*	15 West st
5. *Full Name of Mother,*	Katie Seifert
6. *Mother's Maiden Name,*	Wollschlaeger
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Seifert
9. *Father's Occupation,*	Stone-cutter
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J Schwasser Midwife
Address,	1002 Hanover st
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4023

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13, Sarah

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Place of Birth, 1141 Littleby & Solery St
4. Date of Birth, (Street and Number) July 10, 1888
5. Full Name of Mother, Rebecca Goodman
6. Mother's Maiden Name, Rebecca Talbofsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Goodman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Clements ct 1123

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 4034
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 10, 1911
4. *Place of Birth, (Street and Number)*	2433 Celia Anna St.
5. *Full Name of Mother,*	Annie Throughwood
6. *Mother's Maiden Name,*	Annie Judt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles Throughwood
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sprague
Address,	1724 Fayette St.
Remarks,	

Midwife of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~July the 10.~~ 1st
1. Sex (state whether male or female),	Female A 4025
2. Race or Color (if not of the white race),	Colored .. 188
3. Date of Birth,	10 July 1888
4. Place of Birth (Street and Number),	Walcoat Street Baltimore 1389.
5. Full Name of Mother,	Celia Mills.
6. Mother's Maiden Name,	Celia Countee
7. Mother's Birthplace,	Calvert County
8. Full Name of Father,	Samual. Mills
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Calvert County
Name of Medical Attendant, or other person who makes this Return.	Robens. Sarah
Address,	1608 Vincent ave near Baker
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4026

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	[illegible] 19, 1888
4. *Place of Birth, (Street and Number)*	514 Pleasant alley
5. *Full Name of Mother,*	Lucy Carroll
6. *Mother's Maiden Name,*	Lucy Selden
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father,*	Peter Carroll
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	West River
Name of Medical Attendant, or other person who makes this Return.	Lucinda Woolford
Address,	432 Regent st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if [illegible] have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th — A 4027

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* July 10th 1888.
4. *Place of Birth, (Street and Number)* 1149 York Road
5. *Full Name of Mother,* Agnes Johnston
6. *Mother's Maiden Name,* Agnes Miller
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Thomas Johnston
9. *Father's Occupation,* Hustler
10. *Father's Birthplace,* Bedford Co. Va

Name of Medical Attendant, or other person who makes this Return. J. B. Hartnett

Address, 1137 York Road

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-10284

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Son Male
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	10th of July
4. Place of Birth (Street and Number),	2004 Christian St.
5. Full Name of Mother,	Patrice Sanders
6. Mother's Maiden Name,	Ia. Franklin
7. Mother's Birthplace,	Russian Pole
8. Full Name of Father,	Isidore Sanders
9. Father's Occupation,	Storekeeper
10. Father's Birthplace,	Russian Pole
Name of Medical Attendant, or other person who makes this Return.	Friederike Reuter Midwife
Address,	2116 West Pratt St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained its full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4079

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, July 10th 1888.
4. Place of Birth (Street and Number), 916 Milton Ave. (George St.)
5. Full Name of Mother, Louise Marie Webb
6. Mother's Maiden Name, Fleishman
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Samuel Stanley Webb
9. Father's Occupation,
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. D. F. Williams M.D.

Address, 1244 Carroll St. Woodberry-Baltimore,

Remarks,

This schedule shall be filled out, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. said shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 44030

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 10 1888
4. *Place of Birth (Street and Number),* 215 N Stricker
5. *Full Name of Mother,* Mary F. Wagner
6. *Mother's Maiden Name,* " " Colwell
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John M. Wagner
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. W. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd 4403

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth July 10th 1895
4. Place of Birth, (Street and Number) 2233 Fairmount Ave
5. Full Name of Mother, Alice F Carew
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, John W Carew
9. Father's Occupation, Mariner
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 225 Dana St

Remarks, Mother has Chills & Fever

1st premature at Seat 8 week

Every Physician in charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 14032

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10 - 1888
4. Place of Birth, (Street and Number) 570 N. Fremont ave
5. Full Name of Mother, Catherine E. Blaney
6. Mother's Maiden Name, " " Dorner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry E. Blaney
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Jas. E. Philpotts M. D.

Address, 833 Edmondson ave

Remarks,

BALTIMORE BOARD OF HEALTH

Every Physician or Superintendent of a Lying-in Institution or Asylum in the City of Baltimore who shall attend a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 4033

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 '88
4. Place of Birth, (Street and Number) Cor Oliver & Central Av
5. Full Name of Mother, Annie Kohlhepp
6. Mother's Maiden Name, Seipp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kohlhepp
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return F. B. Schwatka M.D.

Address, 928 N. Broadway

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation, of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PEET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st — X. 4634
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 11th 1898
4. *Place of Birth, (Street and Number)*	1168 W Lombard St
5. *Full Name of Mother,*	Sophia D. Coulter
6. *Mother's Maiden Name,*	" " Henry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isaac N. Coulter
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hardpal Medical Co
Address,	5th & Chandler St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4035

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) First 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 11th 88.

4. Place of Birth, (Street and Number) #622 Georges st.

5. Full Name of Mother, Maggie Jane Clayton

6. Mother's Maiden Name, Maggie Jane Howe

7. Mother's Birthplace, Tunbridge Wells. England.

8. Full Name of Father, Albert Thomas Clayton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Charles H. Meyer M.D.

Address, Gay and Dallas sts.

Remarks, Normal Labor. Scarlatina Symptoms before Labor had Set in. Rash appearing on 2nd Day after Confinement.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th : A 4036
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 11th 1887
4. *Place of Birth, (Street and Number)*	240 Fawn Alley
5. *Full Name of Mother,*	Annie Bennett
6. *Mother's Maiden Name,*	Annie Cornish
7. *Mother's Birthplace,*	Dorchester County Md
8. *Full Name of Father,*	James Bennett
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	609 Pontiac St
Remarks,	

BOARD OF HEALTH BALTIMORE

Sec. 3. Be it further enacted, That it shall be the duty of the Commissioner of Health to cause a blank schedule to be furnished to every physician, midwife, or other person who may be in attendance upon any birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 11 — 1888.
4. *Place of Birth, (Street and Number)*	114 Henriyette st.
5. *Full Name of Mother,*	Katie Rieth
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	George Rieth
9. *Father's Occupation,*	Tinner.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 10 A. 4036

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 11
4. Place of Birth (Street and Number), Broadway No 1233 near Day
5. Full Name of Mother, Melie Smith
6. Mother's Maiden Name, Melie Bamer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Smith
9. Father's Occupation, Fresco Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bruns

Address, 1600 N Chester st near Belair Ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4039

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 11th 1888.
4. Place of Birth, (Street and Number) 226 Sycamore St.
5. Full Name of Mother, Honora Lovell
6. Mother's Maiden Name, Honora Hodges
7. Mother's Birthplace, Howard County Maryland.
8. Full Name of Father, Jesse Lovell
9. Father's Occupation, Boss Spinner
10. Father's Birthplace, Carroll Co. Maryland

Name of Medical Attendant, or other person who makes this Return. Harriet Simmons

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. O'LEARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 / Sixth
1. Sex (state whether male or female),	Female A 7 0 2 0.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 11th / 88
4. Place of Birth (Street and Number),	235 S Madeira alley
5. Full Name of Mother,	Mary Fay
6. Mother's Maiden Name,	" Whalen
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Patrick Fay
9. Father's Occupation,	Laborer
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Rachel A Tyler
Address,	2513 Canton Ave
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* July 17th
4. *Place of Birth (Street and Number),* 1704 Hull St locust point
5. *Full Name of Mother,* Mary Mealey
6. *Mother's Maiden Name,* Mary Barrett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Antony Barrett
9. *Father's Occupation,* labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Ann Thornton 1645 Hubert St

Remarks, locust point

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been a stillborn child, the fact shall be stated,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Dorsey Butler Maguire

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Fourth Ch 4 of 5
1. *Sex* (state whether male or female)	Male
2. *Race or Color* (if not of the white race)	White,
3. *Date of Birth*	July 11th.
4. *Place of Birth* (Street and Number)	Baltimore 1631 Poplar St.
5. *Full Name of Mother*	Frances D. Maguire
6. *Mother's Maiden Name*	Frances Myer.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Maguire
9. *Father's Occupation*	Sail Maker.
10. *Father's Birthplace*	Manchester Eng.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rose Burke.
Address	1603 Poplar St.
Remarks	Healthy.

GIVEN NAME ADDED 3-21-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth B 4043

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, July 11th 1888
4. Place of Birth (Street and Number), No 689 Pierce St
5. Full Name of Mother, Emma Derricks
6. Mother's Maiden Name, " Spriggs
7. Mother's Birthplace, Frederick City Md
8. Full Name of Father, Joshua Derricks
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 40414

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Wednesday July 11th 1888
4. *Place of Birth, (Street and Number)* No 905 Frederick Ave
5. *Full Name of Mother* Maggie Fisk
6. *Mother's Maiden Name* Maggie Helweber
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Fisk
9. *Father's Occupation* Jack Smith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hoffa

Address No 329 Barkalow St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 47045

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5 child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	The 10th of July 1888
4. *Place of Birth, (Street and Number)*	No 29 Ellwood Ave
5. *Full Name of Mother,*	Louisa Kerr
6. *Mother's Maiden Name,*	Louisa Ulrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Kerr
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Jno C. Lawrence
Address,	No 116 E Fayette St
Remarks,	Bal Md
	1888

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child A 4046
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	11th of July 1888.
4. *Place of Birth, (Street and Number)*	1841 E. Oliver & Wolf st.
5. *Full Name of Mother,*	Lora Armstrong.
6. *Mother's Maiden Name,*	Lora Tompson.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Tompson.
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. HIGGINS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 40447

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth July 11th, 1895
4. Place of Birth, (Street and Number) 508 Presidents
5. Full Name of Mother Margaretta Bacigalupo
6. Mother's Maiden Name, " Costa
7. Mother's Birthplace, Italy
8. Full Name of Father, Andrew Bacigalupo
9. Father's Occupation, Musician, e. c. Organ grinder
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. John Means M. D.

Address, 16 E. Pleasant St

Remarks,

shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4048

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th 1881
4. *Place of Birth, (Street and Number)*	137 Light st
5. *Full Name of Mother,*	Dora Quischau
6. *Mother's Maiden Name,*	" Bowman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Quischau
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Theodore Garfield M.D.
Address,	137 Light st
Remarks,	

Section 4 of the Statute shall contain a list of the births which have occurred, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first A 4049

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1888
4. *Place of Birth, (Street and Number)* 807 W. Fayette St
5. *Full Name of Mother,* Arabell Becker Morton
6. *Mother's Maiden Name,* " " Malony
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Charles Emile Morton
9. *Father's Occupation,* Steam Boat Captain
10. *Father's Birthplace,* Carnitich Co N. S.

Name of Medical Attendant, or other Person who makes this Return J. C. Hemmeter

Address, 212 W. Franklin St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4050

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 12. 1888.
4. *Place of Birth (Street and Number),* 2226. Barclay St,
5. *Full Name of Mother,* Kate Shenbrooks.
6. *Mother's Maiden Name,* Kate Green.
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Thomas Shenbrooks.
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. Columbus

Address, 309 N Eutaw St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 13. 1888.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A** 4051

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto July 12. 1888.
4. *Place of Birth (Street and Number),* 710 S. Register St.
5. *Full Name of Mother,* Johanna Murphy.
6. *Mother's Maiden Name,* Johanna Harrison.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Murphy
9. *Father's Occupation,* Stevadore Work.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend.

Address, 710 S. Wolfe St.

Remarks, D

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 40552

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 July 1920
4. *Place of Birth (Street and Number),* 8 Light St
5. *Full Name of Mother,* Sarah Isabell Davidson
6. *Mother's Maiden Name,* Sarah Isabell Morris
7. *Mother's Birthplace,* Caroline Co. Maryland
8. *Full Name of Father,* William Frances Davidson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Louisville Kentucky

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th. A 14053
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	[illegible]
3. *Date of Birth,*	July 12, 1888
4. *Place of Birth, (Street and Number)*	638 Burke St.
5. *Full Name of Mother,*	Ida Decoy
6. *Mother's Maiden Name,*	Ida [illegible]
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles Decoy
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sarazyn
Address,	726 Luzerne St.
Remarks,	

month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4054

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* June 12, 1888
4. *Place of Birth,* (Street and Number) 1313 E Baltimore St Baltimore
5. *Full Name of Mother,* Emma Ruth
6. *Mother's Maiden Name,* " Mason
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Ruth
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Jordan

Address, 1158 East St

Remarks,

Within all the cities of any state, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. NEY, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 44055

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13 1888
4. *Place of Birth, (Street and Number)* 1928 Christian ST
5. *Full Name of Mother,* Sophia Brown
6. *Mother's Maiden Name,* Bodensiek
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Cornelius Brown
9. *Father's Occupation,* Driller
10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other Person who makes this Return. Mary A Davis

Address, 108 Perryman St

Remarks,

Shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4036

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 13th 1888
4. *Place of Birth, (Street and Number)* 1604 McHenry st
5. *Full Name of Mother* Sarah Fairbanks
6. *Mother's Maiden Name* Crane
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Frank Fairbanks
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W. R. McKinney

Address 1401 Lanvale

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 4057

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13th 88

4. Place of Birth, (Street and Number) 463 Albemarle St

5. Full Name of Mother, Martha Magdalene Taylor

6. Mother's Maiden Name, Winter

7. Mother's Birthplace, Balto City

8. Full Name of Father, Samuel James Taylor

9. Father's Occupation, Collector

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. D. H. Maguire M.D.

Address, 111 S Eutaw

Remarks,

HEALTH DEPARTMENT BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4053

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* July 13th 1888
4. *Place of Birth, (Street and Number)* 117 Market Space
5. *Full Name of Mother,* Mary Lynch
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Lynch
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	col
3. *Date of Birth,*	July 13 th
4. *Place of Birth, (Street and Number)*	260 So Bethel st
5. *Full Name of Mother,*	lester richson
6. *Mother's Maiden Name,*	lester collin
7. *Mother's Birthplace,*	acomac co va
8. *Full Name of Father,*	charles richson
9. *Father's Occupation,*	tailor
10. *Father's Birthplace,*	balto co
Name of Medical Attendant, or other Person who makes this Return.	Lester Henson
Address,	253 herring court
Remarks,	7771

The same can be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th A. 14068
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 13. 1888
4. Place of Birth (Street and Number),	208 Welcome alley
5. Full Name of Mother,	Julya Robertson
6. Mother's Maiden Name,	Julia Lowndes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Robertson
9. Father's Occupation,	laborer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	607 S. Howard St.
Remarks,	Free Catholic

The Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED. 1-3-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Slater Blair

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A. 4061
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	13. July. 1888
4. *Place of Birth, (Street and Number)*	1322. N. Bond. St.
5. *Full Name of Mother,*	Sarah A. Blair
6. *Mother's Maiden Name,*	Sarah A. Abraham.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Montague M. Blair
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary. Walter.
Address,	503. N. Caroline St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) D. 4062

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* july friday the 13 1878
4. *Place of Birth (Street and Number)* 1205 north west st
5. *Full Name of Mother* georgean price
6. *Mother's Maiden Name* georgean johnson
7. *Mother's Birthplace* harford co Md
8. *Full Name of Father* edward price
9. *Father's Occupation* a laborer
10. *Father's Birthplace* Colord co Md

Name of Medical Attendant, or other Person who makes this Return. dedie howard

Address no 939 castle st

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 4063

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) White
2. *Race or Color,* (if not of the white race)
3. *Date of Birth* Dec 13th 1897
4. *Place of Birth,* (Street and Number) 839 McHenry st
5. *Full Name of Mother,* Sarah Galloway
6. *Mother's Maiden Name,* Sarah Swanstrom
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Geo. Galloway
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Grasshoff

Address, 858 W. Lombard

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each schedule such return shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John J. Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4064

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 13, 1888
4. *Place of Birth* (Street and Number) 1610 Division St
5. *Full Name of Mother* Lottie Randall Meador
6. *Mother's Maiden Name* " " Crooks
7. *Mother's Birthplace* Randallstown Balto Co
8. *Full Name of Father* Wm Henry Meador
9. *Father's Occupation* Travelling salesman
10. *Father's Birthplace* Liberty Bedford Co, Va

Name of Medical Attendant, or other Person who makes this Return. John R Winslow M.D.

Address 924 McCulloh St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Winter	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A 4065
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 13th 1888
4. *Place of Birth (Street and Number),*	202 Kendall st.
5. *Full Name of Mother,*	Mary C Winter
6. *Mother's Maiden Name,*	Mary C Arnold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	T C Winter
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	7 W Lee st.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4066

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, July 13 1922
4. Place of Birth, (Street and Number) Woodyear st- 100 1 Baltimore
5. Full Name of Mother, Jane Boardley
6. Mother's Maiden Name, Jane Boadley
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, Richard Young
9. Father's Occupation, Draman
10. Father's Birthplace, Westriver

Name of Medical Attendant, or other Person who makes this Return. Mary Boisaw

Address, 207 Tennant st

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practicing physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. D 4067
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 13, 1887
4. *Place of Birth, (Street and Number)*	327 Edinton St.
5. *Full Name of Mother,*	Margaret Brown
6. *Mother's Maiden Name,*	Margaret Mahar
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	David Brown
9. *Father's Occupation,*	Bar tender
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary J. Sprague
Address,	711 Fayerweather St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4068

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 13, 1918
4. *Place of Birth, (Street and Number)*	718 Sut St.
5. *Full Name of Mother,*	Barbara Geise
6. *Mother's Maiden Name,*	Barbara Yockman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	August Geise
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	716 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4069

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex.* (*state whether male or female*) Male
2. *Race or color,* (*if not of the white race*)
3. *Date of Birth,* July 13. 1888
4. *Place of Birth,* (*Street and Number*) 1618 N. Eden Alley St
5. *Full Name of Mother,* Mary Crowley
6. *Mother's Maiden Name,* Reynolds
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Crowley
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto. Md.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st A. 4070
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 13. 10. P m 1885
4. *Place of Birth, (Street and Number)*	1100 cc r Balti Cor Carlton
5. *Full Name of Mother,*	May Kaufman
6. *Mother's Maiden Name,*	May McConville
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Christopher Kaufman
9. *Father's Occupation,*	Restaurant Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address.	H H Easton M D
Remarks,	

...shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4071

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 13 1888
4. *Place of Birth, (Street and Number)*	420 Register St
5. *Full Name of Mother,*	Mariagine Lucas
6. *Mother's Maiden Name,*	Maria Jane Wolford
7. *Mother's Birthplace,*	Caden Shore
8. *Full Name of Father,*	Lucas Lucas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	North Carolina
Name of Medical Attendant, or other person who makes this Return.	Lucas Lucas Wolford
Address,	432 Register St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full time and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 L 4072
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colord
3. *Date of Birth,*	July 13
4. *Place of Birth, (Street and Number)*	17 B2 Mulberin St
5. *Full Name of Mother,*	Mary E Wallace
6. *Mother's Maiden Name,*	Mary E. Harris
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James H. Wallace
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson
Address,	1016 Lenglaise St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 4073

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1888.
4. Place of Birth, (Street and Number) 302 Gay St.
5. Full Name of Mother, Agnes P. Burns
6. Mother's Maiden Name, Agnes P. Myles
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward A Burns
9. Father's Occupation, Undertaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, Cor Arlington & Lafayette Aves.

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Thos. Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) A. 40744

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color,~~ (if not of the white race)*
3. *Date of Birth,* July 13
4. *Place of Birth, (Street and Number)* 211 Clifton st
5. *Full Name of Mother,* Louisa Mullen
6. *Mother's Maiden Name,* Louisa Healy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel E Mullen
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. C Olds M.D.

Address, 1820 N. Eutaw st

Remarks, Bell

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child — A. 4075
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	July 13th 1888
4. Place of Birth (Street and Number)	Ct. N. Cor: Fulton and Mulberry Sts
5. Full Name of Mother	Ida Louisa Becker
6. Mother's Maiden Name	Ida Louisa Zimmerman
7. Mother's Birthplace	Baltimore County. Md
8. Full Name of Father	Louis Becker
9. Father's Occupation	Liquor Merchant
10. Father's Birthplace	Baltimore City. Md
Name of Medical Attendant, or other Person who makes this Return.	P. S. Field
Address	1637 Edmondson Avenue
Remarks	

That the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 4076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1888
4. Place of Birth (Street and Number)	319 N Stricker
5. Full Name of Mother	Ella F Pitcher
6. Mother's Maiden Name	Ella F Jackson
7. Mother's Birthplace	Charlestown Cecil County Md
8. Full Name of Father	William L Pitcher
9. Father's Occupation	Gilder
10. Father's Birthplace	Anne Arundel Co Md
Name of Medical Attendant, or other Person who makes this Return.	P. S. Field M D
Address	1637 Edmondson Av
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 4077

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 13/11.
4. *Place of Birth (Street and Number),* 16. E. Dent Ave.
5. *Full Name of Mother,* Margaret Jett
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Fredericksburg Va
8. *Full Name of Father,* John L. Jett
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Spottsylvania Co. Va

Name of Medical Attendant, or other person who makes this Return. Edward F. McBride

Address, 208 Carrington

Remarks,

This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 4078
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 11/88.
4. Place of Birth (Street and Number),	224 n. High & Low alts.
5. Full Name of Mother,	Mary E. Malstrom.
6. Mother's Maiden Name,	" " Mathias
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Marcus L Malstrom
9. Father's Occupation,	Coffee House.
10. Father's Birthplace,	Sweden
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	208 Aisquith
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D-4079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1858
4. *Place of Birth, (Street and Number)* 1818 Penna Ave
5. *Full Name of Mother,* Mary Conroy
6. *Mother's Maiden Name.* Mary Devine
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Daniel Conroy
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Completon St

Remarks,

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 14th 1888
4. Place of Birth (Street and Number), No 1033 Light st
5. Full Name of Mother, Emma L Tripp
6. Mother's Maiden Name, Emma L. Lewis
7. Mother's Birthplace, Boston
8. Full Name of Father, Merrill H. Tripp
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hennegt

Address, No 1517 Byrd st

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 110-81
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 14/88
4. *Place of Birth, (Street and Number)*	302 Rose st.
5. *Full Name of Mother,*	Mary Lavinia Matthews
6. *Mother's Maiden Name,*	" " Speares
7. *Mother's Birthplace,*	Charles Co. Md
8. *Full Name of Father,*	John Henry Matthews
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Charles Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	F. C. Murphy M.D
Address,	1325 Maryland av.
Remarks,	

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 14th 1885
4. Place of Birth, (Street and Number)	614 Boyd St
5. Full Name of Mother,	Margaret Anne Fitzgerald
6. Mother's Maiden Name.	Margaret Anne Green
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Fitzgerald
9. Father's Occupation,	Helper in Machine Shop
10. Father's Birthplace,	Co. Limerick Ireland.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks.	

BALTIMORE MD.

... and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. C. DUGANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child 4083
1. *Sex, (State whether male or female)*	Little Girl
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth*	14th of July 1888
4. *Place of Birth, (Street and Number)*	No 1011 Boyd Street
5. *Full Name of Mother,*	Mrs. Weaver
6. *Mother's Maiden Name,*	Miss Mary Decher
7. *Mother's Birthplace,*	Born Baltimore city
8. *Full Name of Father,*	Mr Weaver
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Born Vienna
Name of Medical Attendant, or other person who makes this Return.	Mr. Hiller
Address,	2127 west Pratt st
Remarks,	

WM. J. C. BUSHEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4084

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 14th

4. Place of Birth, (Street and Number) 434 Federal St

5. Full Name of Mother, Nellie Fallon

6. Mother's Maiden Name, Nellie Collins.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Fallon

9. Father's Occupation, Driver.

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J B Saunders M.D.

Address, 819 E. Pleasant St

Remarks,

A blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the time and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4085

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* July 14. 1878
4. *Place of Birth, (Street and Number)* 522 Spring St.
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Ernest Beck
9. *Father's Occupation,* Iron moulder
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St Balto Md.

Remarks,

... J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN FIRST NAME 6-14-84

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen O'Brien

A 4086

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July, 14, 1888.
4. Place of Birth (Street and Number), 836 Hillen St.
5. Full Name of Mother, Kate O'Brien.
6. Mother's Maiden Name, Kate ~~Hackett~~ Fitzpatrick
7. Mother's Birthplace, Ireland
8. Full Name of Father, Parick O'Brien
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. J. W. Ketterman

Address, 305 N Eaton

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4087

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14 – 1888
4. *Place of Birth, (Street and Number)* 1613 Harlem ave
5. *Full Name of Mother,* Emma Mary Sankins
6. *Mother's Maiden Name,* " " Hoffman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William E. Sankins
9. *Father's Occupation,* Paper + Printing
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gilchrist M.D.

Address, 833 Edmondson ave

Remarks,

BALTIMORE CITY BOARD OF HEALTH BUREAU OF VITAL STATISTICS

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th A 4088

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14th 4.30 a.m. 1888
4. Place of Birth, (Street and Number) 1001 Alma Place
5. Full Name of Mother, Theresa McKenna
6. Mother's Maiden Name, Theresa Allanbaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm McKenna
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A H Santee M D

Address, 1136 Lex. St.

Remarks,

The Certificate of the Birth of each child shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored L 4089
3. *Date of Birth*	July 14th 1888
4. *Place of Birth (Street and Number)*	1718 Orleans St
5. *Full Name of Mother*	Madelena Bell
6. *Mother's Maiden Name*	" Williams
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Thomas Bell
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	City Workman
Address	1614 Jaffa Road
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th A. 14090

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14/88
4. Place of Birth, (Street and Number) No 223 S. Stricker St.
5. Full Name of Mother, Kate Murphy
6. Mother's Maiden Name, " Mahoney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicklas Murphy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Chandler

Address, 882 W. Lombard St

Remarks,

The Registrar of Vital Statistics will furnish to any Physician or Midwife a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) 4091

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* 14th July, 888
4. *Place of Birth (Street and Number),* Barney & Lanvale
5. *Full Name of Mother,* Flora Jacobs Hopkins
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lucien S Hopkins
9. *Father's Occupation,* Clerk in R R
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. C Bluntzer M D

Address, 925 Cathedral

Remarks,

and shall not forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 4092

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 14th 1888
4. Place of Birth, (Street and Number) 120 S. Exeter st
5. Full Name of Mother, Maggie Connelly O'Bailey
6. Mother's Maiden Name, Maggie Connelly
7. Mother's Birthplace, Balto. md
8. Full Name of Father, Patrick O'Bailey
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other Person who makes this Return, P. S. Dausehum

Address, 1727 E. Balto. st.

Remarks,

list of the births which have occurred under his or her care during the month, and shall not [illegible] the same can be ascertained the full name of each child, [illegible] shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4093

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* July 14, 1888
4. *Place of Birth, (Street and Number)* 535 Greenmount Ave
5. *Full Name of Mother,* Margaret Chalmers
6. *Mother's Maiden Name,* " Scott
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Alex Chalmers
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return. Jas. M. Craighill

Address. 1720 N. Charles St.

Remarks.

during the month, first shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex or color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14/88.
4. Place of Birth, (Street and Number) 815 N. Wolfe St.
5. Full Name of Mother, Sallie Kurz
6. Mother's Maiden Name, " Delaney
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Geo Kurz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return M. F. Taylor M.D.

Address, 738 N. Broadway

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4095

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* July 14th
4. *Place of Birth, (Street and Number)* 305 South dallas st
5. *Full Name of Mother,* nancy nottingham
6. *Mother's Maiden Name,* nancy Clark
7. *Mother's Birthplace,* carrardle county
8. *Full Name of Father,* Ascil nottingham
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return, Chester henson

Address, 253 herring court near gough

Remarks,

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereunder the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th A 4096

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 14th 1868
4. *Place of Birth (Street and Number),* No 811 McDonough st city
5. *Full Name of Mother,* Georgianna Smith
6. *Mother's Maiden Name,* Georgianna Green
7. *Mother's Birthplace,* Montgomery County Md
8. *Full Name of Father,* Alexander Smith
9. *Father's Occupation,* Labour Burner Asciel Works
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Corson

Address, No 1026 N. Chapel st city

Remarks,

...as the same can be ascertained the full name of each child. (If any shall have been still-born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 4097

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 14. 1888.
4. Place of Birth, (Street and Number) 1104 Saratoga
5. Full Name of Mother, Margaret Lucretia Langford
6. Mother's Maiden Name, Albright
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. W. Langford
9. Father's Occupation, Stove Moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

... shall be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & SC... CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-15-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Louise Hormes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 4098
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	14. July. - 1888
4. Place of Birth, (Street and Number)	523. N. Bond St
5. Full Name of Mother,	Annie L. Hormes
6. Mother's Maiden Name,	Annie L. Depro
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John. Hormes.
9. Father's Occupation,	Broom. Maker
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary Walter
Address.	503. N. Caroline St.
Remarks,	

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carlene Virginia Merryman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First — A. 4099

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 15th 1888
4. Place of Birth (Street and Number), 1431. N. Fremont Avenue
5. Full Name of Mother, Mary Virginia Merryman
6. Mother's Maiden Name, " " Hays
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Emory Theodore Merryman
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return. J. C. Thurmes

Address, 412. Franklin St

Remarks, GIVEN NAME ADDED. 6-5-53 hcm

and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4.100

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 July 1888
4. *Place of Birth, (Street and Number)*	1525 Linden Av.
5. *Full Name of Mother,*	Sophie R. Mullikin
6. *Mother's Maiden Name,*	Battee
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	W. Lawrence Mullikin
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return	H. W. Orrings M.D
Address,	1319 Madison Av
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4101

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 15 1888
4. Place of Birth (Street and Number),	122 S Greenmount ave
5. Full Name of Mother,	Emma E Lee
6. Mother's Maiden Name,	Lyon
7. Mother's Birthplace,	Conn.
8. Full Name of Father,	Wm E Lee
9. Father's Occupation,	Edge Tool maker
10. Father's Birthplace,	Conn
Name of Medical Attendant, or other person who makes this Return.	Dand Scott M.D.
Address,	483 N. Eden
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4102

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 15th 1888

4. Place of Birth, (Street and Number) 1617 E. Eager st

5. Full Name of Mother, Theresa Miller

6. Mother's Maiden Name, Theresa Berneke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Peter Miller

9. Father's Occupation, Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return P. G. Donahue

Address, 1721 E. Balto st.

Remarks,

...ublic of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 4103

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 15th 1888
4. Place of Birth, (Street and Number) 1306 Mc Elderry st
5. Full Name of Mother, Alice Dinuss
6. Mother's Maiden Name, Alice Barringer
7. Mother's Birthplace, Balto. md
8. Full Name of Father, Rudolph Dinuss
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other Person who makes this Return, P. G. Dauschman

Address, 1727 E. Balto st.

Remarks,

Blank of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child B 4104

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15th July 1898
4. *Place of Birth, (Street and Number)* 1203 Bryan st
5. *Full Name of Mother,* Katie L Berlin
6. *Mother's Maiden Name,* " " Dyer
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Samuel L Berlin
9. *Father's Occupation,* Foreman B & O Rail Road
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return G W Gregory

Address, 1206 Druid Hill Ave

Remarks, Mother & Child Doing Well

within SIX days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 15 — 1888.
4. *Place of Birth, (Street and Number)*	1149 Johnson st.
5. *Full Name of Mother,*	Katie Funk.
6. *Mother's Maiden Name,*	Blum.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	George Funk.
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

Section 4. And be it further enacted, That the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 4106
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 15 — 1888.
4. *Place of Birth, (Street and Number)*	124 Henriette st.
5. *Full Name of Mother,*	Katie McCommes.
6. *Mother's Maiden Name,*	Happel.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George McCommes.
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return	J. Lohrvasser Midwife.
Address,	1032 Hanover st.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 D 4107

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15 1886
4. *Place of Birth, (Street and Number)* No. 618 Durgandy Alley
5. *Full Name of Mother,* Clara Diggs
6. *Mother's Maiden Name,* McClain
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* George Diggs
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Malone

Address,

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4104

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 15th, 1888.
4. Place of Birth, (Street and Number) 1424 W^e^ Eldery St.
5. Full Name of Mother, Ida F. Cole
6. Mother's Maiden Name, Muir
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. G. Cole
9. Father's Occupation, Coffee Roaster
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. H. B. Christian, M.D.

Address, 1821 Madison Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4109

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1888.
4. *Place of Birth, (Street and Number)* 676 W. Hoffman
5. *Full Name of Mother,* Francis Back.
6. *Mother's Maiden Name,* Beibleheizer
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Jno. Back
9. *Father's Occupation,* Wagoner
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. W. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 4110

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* July 15 - 16-98
4. *Place of Birth, (Street and Number)* Burgundy Alley, Alley
5. *Full Name of Mother,* Libra Diggs
6. *Mother's Maiden Name,* Libra t
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* George Diggs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Walters

Address,

Remarks,

have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents or next of kin to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 13th 1881

4. Place of Birth, (Street and Number) City 129 north Exeter st

5. Full Name of Mother, Maggie Gertrude Renner

6. Mother's Maiden Name, Maggie Gertrude Schlaug

7. Mother's Birthplace, Baltimore City Maryland

8. Full Name of Father, George Washington Renner

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. L Wooden

Address, 936 Lynnemont Av

Remarks,

List of the births which have occurred under his or her cognizance during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Nebel

1 4112

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 15 1888
4. Place of Birth, (Street and Number) 829 Bakers Court
5. Full Name of Mother, Martha Elizabeth Nebel
6. Mother's Maiden Name, Martha Elizabeth Ludwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Alphonsus Nebel.
9. Father's Occupation, Truck Maker.
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappleton St

Remarks, GIVEN NAME ADDED, 8-10-55 L.M.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 4113

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 16th 1888
4. *Place of Birth* (Street and Number) No 1380 N. Carey St
5. *Full Name of Mother* Mrs Mattie D. Williams
6. *Mother's Maiden Name* Mattie D. Crouch
7. *Mother's Birthplace* Chesnut Hill Henrico Co Va
8. *Full Name of Father* Thomas W. Williams
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore W. Glocker M. D

Address No 1308 Division St

Remarks

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edwin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 4114

over

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 15: 1888
4. Place of Birth, (Street and Number) 2103 Linden Ave
5. Full Name of Mother, May Sheblen
6. Mother's Maiden Name, " Ware
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles E. Sheblen
9. Father's Occupation, ———
10. Father's Birthplace, Prince George Co

Name of Medical Attendant, or other person who makes this Return. C. H. Williams

Address, 910 Mathias Ave

Remarks, Chloroform & Forceps

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner, of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. BULAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

L 4110

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* African
3. *Date of Birth* July 16 1888
4. *Place of Birth (Street and Number)* 429 Wayne street
5. *Full Name of Mother* Albert Scoot
6. *Mother's Maiden Name* Albert Brown
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Calvin Scoot
9. *Father's Occupation* Labor
10. *Father's Birthplace* Easton

Name of Medical Attendant, or other Person who makes this Return. Julia Ann Johnson

Address 913 Peach Alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4116

No. of Child of Mother. (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Fifth

1. Sex, (~~state whether~~ male or ~~female~~) Thomas J. Hildebrant

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16 [illegible]

4. Place of Birth, (Street and Number) 204 N. Charles St.

5. Full Name of Mother, Mrs. Hildebrant

6. Mother's Maiden Name, Miss Fidings

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm Hildebrant

9. Father's Occupation, Lamplighter

10. Father's Birthplace, Md. -

Name of Medical Attendant, or other Person who makes this Return Dr Irving L. Kahn.

Address, 1435 Light St.

Remarks. Full given name added by [illegible] upon applying for [illegible]

Transcript 2-14-1930 [illegible] Kahn M.D.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third B 4117
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 16th 1898
4. Place of Birth (Street and Number),	1506 Lafayette ave
5. Full Name of Mother,	Edith Beam
6. Mother's Maiden Name,	Edith Jewell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel H Beam
9. Father's Occupation,	Insurance Agent
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Morgan M.D.
Address,	212 Franklin
Remarks,	A fat baby

Mr L Morgan

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4114

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* July 16th 1888
4. *Place of Birth, (Street and Number)* 102 Albemarle st.
5. *Full Name of Mother,* Lena Knopf
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Friederick Knopf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

2435 GIVEN NAME ADDED 10-31-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Lizzie Schader

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)	4th. A 4119
1. *Sex, (State whether male or female).*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 16, 1888
4. *Place of Birth, (Street and Number)*	628 Burke St.
5. *Full Name of Mother,*	Margaret Schader
6. *Mother's Maiden Name,*	Margaret Kodenbergen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Schader
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawyer
Address,	726 Lafayette Ave.
Remarks,	

...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4120

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Monday July 16, 881
4. Place of Birth, (Street and Number) S. W. Cor. Ramsay & Poppleton
5. Full Name of Mother, Catherine Clark
6. Mother's Maiden Name, Catherine Mullen
7. Mother's Birthplace, Ireland
8. Full Name of Father, James E. Clarke
9. Father's Occupation, Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm Cone

Address, 413 S Poppleton St.

Remarks,

BALTIMORE. MD.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Frank~~ Harvey Weaver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A 4121

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 16th " 1888
4. *Place of Birth (Street and Number),* No 956 N Howard St
5. *Full Name of Mother,* Mary Weaver
6. *Mother's Maiden Name,* " Jackson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John R. Weaver
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

The name of the child, if it has been given, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4122

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 16th, 1888
4. *Place of Birth, (Street and Number)*	30 Lloyd St
5. *Full Name of Mother,*	Maria Kuhn
6. *Mother's Maiden Name,*	Hoban
7. *Mother's Birthplace,*	Ireland ~~Baltimore~~
8. *Full Name of Father,*	Jas. Kuhn
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Ireland ~~Baltimore~~
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard St
Remarks,	Born alive, lived six hours and died of weakness. It was born prematurely.

...ness, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd B 4123

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 16/88 —
4. Place of Birth (Street and Number), 130 Daniel St.
5. Full Name of Mother, Dora C. Simpson
6. Mother's Maiden Name, Dora C. Kolbe —
7. Mother's Birthplace, Balto. Md —
8. Full Name of Father, James H. Simpson —
9. Father's Occupation, Laborer
10. Father's Birthplace, Phila. Pa —

Name of Medical Attendant, or other person who makes this Return. N. J. Dashiell. Jr. M.D.

Address, 703 S. Broadway

Remarks, 10.30 P.M. —

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st Child A. 4124

1. *Sex.* (state whether male or female) Male
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth.* June 16th 1888
4. *Place of Birth.* (Street and Number) 1700 Elizabeth Lane
5. *Full Name of Mother* Agnes Sander
6. *Mother's Maiden Name.* Engmann
7. *Mother's Birthplace.* Germany
8. *Full Name of Father.* William Sander
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Gombel M.D.

Address, 610 S. Sharp St.

Remarks.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...TY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4125

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 16th 1918
4. *Place of Birth, (Street and Number)*	1927 Booth st
5. *Full Name of Mother,*	Mattie Virginia Brocket
6. *Mother's Maiden Name,*	Forest
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexander Brocket
9. *Father's Occupation,*	Upholster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs E Dumax
Address,	No 1927 W Lombard St
Remarks,	

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A. 4126
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 17 th
4. *Place of Birth (Street and Number)*	Rose street 1032
5. *Full Name of Mother*	Mary E. Roberts
6. *Mother's Maiden Name*	Mary E. Bailey
7. *Mother's Birthplace*	Carroll County Md
8. *Full Name of Father*	John H. Roberts
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Margaret Goldsboro
Address	319 Carlton St between Franklin
Remarks	& Edmonson Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 4127

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* (July 17/88.)
3. *Date of Birth,*
4. *Place of Birth (Street and Number),* 1100 Greenmount ave.
5. *Full Name of Mother,* Mary E. Anderson
6. *Mother's Maiden Name,* " " Bannon
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William E. J. Anderson.
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt M.D.

Address, 2d Assignack a

Remarks,

This schedule shall contain a list of the births which have occurred under his or her cognizance during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4128

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3d
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White race.
3. *Date of Birth,*	July 17/88
4. *Place of Birth, (Street and Number)*	1804 Hanover St.
5. *Full Name of Mother,*	Lizzie Mahue
6. *Mother's Maiden Name,*	Lotz.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Henry Maher
9. *Father's Occupation,*	Pipe Maker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Geary.
Address,	No. 1814 Light St
Remarks,	

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4129

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* April 17, 1918
4. *Place of Birth, (Street and Number)* 242 Bethel St
5. *Full Name of Mother,* Mary Conway
6. *Mother's Maiden Name,* Mary Burk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Conway
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Rockbridge County

Name of Medical Attendant, or other person who makes this Return. Lucinda Wright

Address, 432 Register St

Remarks,

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-27-6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Elvira Hahn

A 4130

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17. 1888
4. Place of Birth (Street and Number) 1602 Gough St
5. Full Name of Mother Anna Hahn
6. Mother's Maiden Name Wagner
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hahn
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E W Emerson M D

Address 1010 E Baltimore

Remarks FILED 7-1888

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4131

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 17th 1886
4. Place of Birth (Street and Number), No 1029 Abby Alley
5. Full Name of Mother, Katie Hildetch
6. Mother's Maiden Name, Katie Englerth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Winfield Hildetch
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrine Horning

Address, No 1517 Byrd st

Remarks,

...and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately ascertain and assume the duty of the person or persons upon each child so reported to him, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4132

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 17th 1888
4. *Place of Birth (Street and Number),* No 1021 Abeya Alley
5. *Full Name of Mother,* Mary E Thomas
6. *Mother's Maiden Name,* Mary E Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George D Thomas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Fornung

Address, No 1517 Byrd St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th — 4138
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 17th 1888
4. *Place of Birth, (Street and Number)*	407 Camden Street
5. *Full Name of Mother,*	Anna L. Kerry
6. *Mother's Maiden Name,*	Anna L. Uhler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. P. Kerry
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Hedegunda Lehleiter
Address,	641 S. Paca Street
Remarks,	

above, and shall state as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July. 18 1888
4. *Place of Birth, (Street and Number)* 808 Franklin st
5. *Full Name of Mother,* Mary Meeks
6. *Mother's Maiden Name.* Mary Porter
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry H. Meeks
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Appleton st

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now by law

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 4135

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 11th 11
4. Place of Birth, (Street and Number) #1[illegible] Caroline
5. Full Name of Mother, Mrs Ladie A. Bowerman
6. Mother's Maiden Name, Ladie A. Muir
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm Clarence Bowerman
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Dr. Samuel [illegible]

Address, [illegible] Eastern Ave

Remarks,

been confined in one, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 18 1886
4. Place of Birth (Street and Number),	405 N Front
5. Full Name of Mother,	Joan C Kafe
6. Mother's Maiden Name,	[illegible] Foley
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	David C Kafe
9. Father's Occupation,	Lerchman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Scott Fitz
Address,	405 N. Front
Remarks,	

Each child born alive shall be registered as soon as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	A. 4137
1. *Sex, (state whether male or female)*	Twins (male + female)
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	July 18. 1856.
4. *Place of Birth, (Street and Number)*	7.102 S. Caroline-an
5. *Full Name of Mother,*	Mary Mary
6. *Mother's Maiden Name,*	" Langan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Henry Henry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Adams Co Penn
Name of Medical Attendant, or other Person who makes this Return.	A. L. Macfarland
Address,	855 W. Lombard
Remarks,	

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	18th July
4. *Place of Birth, (Street and Number)*	176 Granby St.
5. *Full Name of Mother,*	Lizzie Brown Goetlein
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Brown
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Walter
Address,	1016 Granby St.
Remarks,	

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Marie — Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child A 4134
1. Sex, (State whether male or female)	M Female.
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 19 1888.
4. Place of Birth, (Street and Number)	132 Hamburg st.
5. Full Name of Mother,	Emilie Miller (Schmidt.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America.
8. Full Name of Father,	Gustav Miller.
9. Father's Occupation,	Store Keeper.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lahwasser. Midwife
Address,	1032 Hanover st.
Remarks,	GIVEN NAME ADDED. 10-28-5[illegible] h.m.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. D. GULATY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1/1140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white race
3. *Date of Birth,* 19.VII.88
4. *Place of Birth, (Street and Number)* 405 N. Howard St.
5. *Full Name of Mother,* Lina von Bieberstein
6. *Mother's Maiden Name,* Lina
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur von Bieberstein
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. W. R. Hoffman

Address, 204 W. Franklin St.

Remarks,

BOARD OF HEALTH BALTIMORE MD

Boards, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail or neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, &c. Other rules, &c. fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4141

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 19th. 1888.
4. *Place of Birth, (Street and Number)* Slingluff's Ave. (Belt)
5. *Full Name of Mother,* Nellie E. Cavell
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Norman M. Cavell
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. S. DULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 41142

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	19 of July 1888
4. Place of Birth, (Street and Number)	Hampden & 32d Colvert.
5. Full Name of Mother,	Constantia Allison
6. Mother's Maiden Name,	Constantia Bradley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Gordon Allison
9. Father's Occupation,	Journeyman in Cotton Mills
10. Father's Birthplace,	Balto. Co. Maryland
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Zimmerman
Address,	Hampden P.O.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4143

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Jan 15
4. *Place of Birth, (Street and Number)* Better 1[illegible] S Back alley
5. *Full Name of Mother* Jennie Brown
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Maryland or Va
8. *Full Name of Father,* John Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, S 8 th

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) Colored.
3. *Date of Birth,* July 19th 1888.
4. *Place of Birth,* (Street and Number) Baltimore, Chestnut St # 224
5. *Full Name of Mother,* Cecilia Jones.
6. *Mother's Maiden Name,* Cecilia Pane
7. *Mother's Birthplace,* Alexzia Virginia.
8. *Full Name of Father,* Granville Jones.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Leon County Florida.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Caroline Jordan.

Address, Residence # 153 East St. Baltimore.

Remarks, Well as can be expected.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 41140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	July 14 th
4. *Place of Birth, (Street and Number)*	1215 Nanticoke st
5. *Full Name of Mother,*	Emma Varina
6. *Mother's Maiden Name,*	Emma Williams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nicolis Varina
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horrigan
Address,	412 Dewitt St
Remarks,	

Within ten days after the birth of any child born alive in Baltimore City, it shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance, then the father or mother of such child, or the householder or owner of the premises where such birth occurs, to report to the Commissioner of Health, as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4146

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19

4. Place of Birth, (Street and Number) 904 N. Mc. King St.

5. Full Name of Mother, Mary Jane Fowler

6. Mother's Maiden Name, Mary Jane Mc. Cusker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Geo. Fowler

9. Father's Occupation, Night Watchman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Woodden

Address, 936 No. Greenmount ave.

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 44147

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) — —
3. Date of Birth, 19th July 1888
4. Place of Birth, (Street and Number) No. 2046, Eager Str.
5. Full Name of Mother, Julie Michel
6. Mother's Maiden Name, Lotze
7. Mother's Birthplace, Germany
8. Full Name of Father, Ulrich Michel
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, 528 N Washington st

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4148

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 11th 1911
4. *Place of Birth, (Street and Number)* Oregon Ave - No number
5. *Full Name of Mother,* Catharine Shipley
6. *Mother's Maiden Name,* Catharine Kline
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Joseph Henry Shipley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return. John G. Kelly

Address, 714 Forest Ave

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

FOR J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4149

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 19: 1888
4. Place of Birth, (Street and Number) 1214 Light St
5. Full Name of Mother, Regina
6. Mother's Maiden Name, Chance
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry B. Rauss
9. Father's Occupation, Music Teacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. P. L. Williams

Address, 910 Madison Ave

Remarks, Long labor - Chloroform - Forceps

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

J. C. BULAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second A 4150
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	July 20, 1888
4. Place of Birth, (Street and Number)	# 2022 Etting st.
5. Full Name of Mother,	Mary James
6. Mother's Maiden Name,	" " Smith
7. Mother's Birthplace,	Front Royal Virginia
8. Full Name of Father,	Thomas James
9. Father's Occupation,	Musician
10. Father's Birthplace,	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	Hallie Bond
Address,	1330 N. Eutaw St
Remarks,	

ascertained the full name of each child (if any shall have been born) and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, sex, color, the full name and occupation of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or nurse of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

MORE MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A 4151
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 20/88
4. Place of Birth (Street and Number),	216 S. Callington av.
5. Full Name of Mother,	Sarah A. Bieler
6. Mother's Maiden Name,	Sarah A. Maslin
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Frank Bieler
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall neglect [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 41152

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* 20 July 1888
4. *Place of Birth, (Street and Number)* 1923 N. Eutaw
5. *Full Name of Mother,* Emelie
6. *Mother's Maiden Name,* Lehrist
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William J. Lagenfritz
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, 528 N. Washington

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., ...ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) L 4153

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 20"
4. *Place of Birth, (Street and Number)* #644 Smith St
5. *Full Name of Mother,* Allice Brown
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Pierce Jackson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Solon S. Huck

Address, #1338 Argyle Ave.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 4152
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 20th 1884
4. Place of Birth (Street and Number),	916 Hanover st.
5. Full Name of Mother,	Emma J. Stevenson
6. Mother's Maiden Name,	Emma J. Simmons
7. Mother's Birthplace,	St Mary's Co
8. Full Name of Father,	Edwin D. Stevenson
9. Father's Occupation,	Sailmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Cottrell
Address,	47 W Lee st
Remarks,	

...red, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7 A. 4155
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July the 21 1888
4. *Place of Birth, (Street and Number)*	Woodberry Belmont 292
5. *Full Name of Mother,*	Martha Ann Bull
6. *Mother's Maiden Name,*	Martha Ann Briggs
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father,*	George Henry Bull
9. *Father's Occupation,*	Night Watchman
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return	Mrs Ellen Sullivan
Address,	Hickory Avenue Govanstown
Remarks,	

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate hereto the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DUJANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d — A 4153
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 20/88.
4. *Place of Birth, (Street and Number)*	907 Ramsey St
5. *Full Name of Mother,*	Emma Nugent
6. *Mother's Maiden Name,*	Hartigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John M. Nugent
9. *Father's Occupation,*	Lineman City Fire Tel. Alarm
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Obie M.D.
Address,	600 W Howard St
Remarks,	

been conferred its sex, surname, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 4167

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, July 20 1888
4. Place of Birth, (Street and Number) 2031 lombard street
5. Full Name of Mother, Drucilla burtman
6. Mother's Maiden Name, Drucilla bonimell
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Robert H burtman
9. Father's Occupation, mate of tugboat
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, mary conner

Address, 424 Patterson Park avenue

Remarks,

Every person who shall be present at the birth of any child, shall make a record of the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily or weekly by the practitioner, in the form of a schedule between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4158

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* White
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1909
4. *Place of Birth, (Street and Number)* 1220 Light St
5. *Full Name of Mother,* India Gaynor
6. *Mother's Maiden Name,* Hahn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Gaynor
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Gaynor M.D.

Address, 1220 Light St

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child. A 4157
1. Sex, (State whether male or female)	Boy.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	21st of July 1888.
4. Place of Birth, (Street and Number)	Lombard st 2nd 3rd Heilentown
5. Full Name of Mother,	Katie M. Hoffman
6. Mother's Maiden Name,	Katie M. Prill.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Prill
9. Father's Occupation,	Milk man
10. Father's Birthplace,	Gemany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

L 4160

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1888
4. Place of Birth (Street and Number)	836 N Howard st.
5. Full Name of Mother	Ernestine Wilson
6. Mother's Maiden Name	Ernestine Cofsin
7. Mother's Birthplace	Alsace. France
8. Full Name of Father	James A Wilson
9. Father's Occupation	Clerk
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Geo E Ogle
Address	711 N Carey st.
Remarks	

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A. 4151
1. *Sex, (state whether male or female)*	Male and Female
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	July 21st
4. *Place of Birth, (Street and Number)*	102 Arlington Ave
5. *Full Name of Mother,*	Mary H ~~Lanigan~~ Straus
6. *Mother's Maiden Name,*	" " Lanigan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Henry Straus
9. *Father's Occupation,*	Machanich
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horigan
Address,	No 412 Scott
Remarks,	

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4162

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (State whether male or female)*	Male
2.	*Race or color, (if not of the white race)*	Colord
3.	*Date of Birth,*	July 21
4.	*Place of Birth, (Street and Number)*	Fair st No 213
5.	*Full Name of Mother,*	Mary wright
6.	*Mother's Maiden Name,*	Mary garirn
7.	*Mother's Birthplace,*	Baltimor County
8.	*Full Name of Father,*	John Harris garirn
9.	*Father's Occupation,*	labor
10.	*Father's Birthplace,*	Rent iland
	Name of Medical Attendant, or other person who makes this Return,	Conrad J a Wilcon
	Address,	No 115 Hueee st
	Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th. A 4163
1. Sex, (state whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 21, 1885.
4. Place of Birth, (Street and Number)	501 Grover St.
5. Full Name of Mother,	Barbara House
6. Mother's Maiden Name,	Barbara Bherm
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Joseph House
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L. Ingram
Address,	716 Eutaw St.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4164

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, 21st July
4. Place of Birth, (Street and Number) 413 S Irving st
5. Full Name of Mother, Kate Feichter
6. Mother's Maiden Name, Loughlin
7. Mother's Birthplace, England
8. Full Name of Father, Charles Feichter
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E Lombard st.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 4165

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 21st 1888
4. Place of Birth, (Street and Number) 2428 Oak St.
5. Full Name of Mother, Ella J Ebaugh.
6. Mother's Maiden Name, Ella J. Pickel
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Charles H. Ebaugh
9. Father's Occupation, Brakeman
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return. Daniel W Smith for W. Woodberry, M.D.

Address,

Remarks,

The certificate of birth of each child born alive occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Monumental Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 4168
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	July 21st
4. *Place of Birth, (Street and Number)*	1146 Columbia Ave
5. *Full Name of Mother,*	Hanah Higgins
6. *Mother's Maiden Name,*	Hanah Dungan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Higgins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Dungan
Address,	412 Eutaw St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DUJANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4167

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	July 21st
4. *Place of Birth, (Street and Number)*	No 129 Cross St
5. *Full Name of Mother,*	Ellen
6. *Mother's Maiden Name,*	Eldam Dee
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad Gerlein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horgan
Address,	No 412 Lott St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. TILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4768

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Second Child
1. *Sex,* (*State whether male or female*)	Little girl
2. *Race or color,* (*if not of the white race*)	White race
3. *Date of Birth,*	Born 21st of July 1888
4. *Place of Birth,* (*Street and Number*)	No 2112 Frederick ave.
5. *Full Name of Mother,*	Mrs Front
6. *Mother's Maiden Name,*	Min Beckler
7. *Mother's Birthplace,*	Burden Germany
8. *Full Name of Father,*	Mr Front
9. *Father's Occupation,*	Beer Driver
10. *Father's Birthplace,*	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Anna Mae Schweizer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 4164

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 July
4. Place of Birth, (Street and Number) 506 S Gilmor St Balto. City
5. Full Name of Mother, Helena Mrs Schweizer
6. Mother's Maiden Name, Helena Strate
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Henry Schweizer Jr.
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary Gregory

Address, No 414 South Stricker St Baltimore Md

Remarks, Twin and Child and living well

(reverse)

...have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. ... in the case of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other dues and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child A. D. 1870

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22nd July

4. *Place of Birth, (Street and Number)* Baltimore No 1547 Boundary

5. *Full Name of Mother,* Emma Hanna Dietzen

6. *Mother's Maiden Name,* Emma Hanna Reid

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Dietzen

9. *Father's Occupation,* Laborer Engineer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Thomas Romans

Address, No 414 South Sticker St Baltimore Md

Remarks, Dy Ster and child are doing well

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, ..

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4171

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sunday July 22d 1888
4. *Place of Birth, (Street and Number)* N. 301 Cor N. Henry & Monroe Sts.
5. *Full Name of Mother* Catherine Walter
6. *Mother's Maiden Name* Catherine Wolf
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Andrew Walter
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine D.C.

Address N. 349 Bentalou St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	=12= A. 4172
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 22d 1858
4. *Place of Birth, (Street and Number)*	737 Jefferson St
5. *Full Name of Mother,*	Georgeanna Ebersole
6. *Mother's Maiden Name,*	Crisp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	David Ebersole
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Irving Miller M.D.
Address,	1207 E. Monument St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st A. 41173

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 22nd 1888.
4. *Place of Birth (Street and Number),* 1130 E. Pratt St.
5. *Full Name of Mother,* Annie Vragel.
6. *Mother's Maiden Name,* Heder.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* William Vragel.
9. *Father's Occupation,* Black Smith.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. J. C. Heard.

Address, 702 Aisquith St.

Remarks, Twenty hours labor & forceps delivery

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd 1 41741
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 22 - 1855
4. Place of Birth (Street and Number),	923 N. Eden
5. Full Name of Mother,	Lucie ~~Ann~~ Myers
6. Mother's Maiden Name,	" Shultz
7. Mother's Birthplace,	Penna
8. Full Name of Father,	Geo. Myers
9. Father's Occupation,	Cigar maker
10. Father's Birthplace,	Penna
Name of Medical Attendant, or other person who makes this Return.	Dania Smith M.D.
Address,	403 N. Exeter -
Remarks,	

The Registrar shall enter in a book to be kept for that purpose a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	22nd of July 1888
4. *Place of Birth, (Street and Number)*	1902 Fairmont Ave.
5. *Full Name of Mother.*	Ella Kincerz
6. *Mother's Maiden Name,*	Ella Schaumanz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Schaumanz.
9. *Father's Occupation,*	Schipschmitt.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or penalties for each offence, to be recovered as other fines and forfeitures are recovered.

...C COMPANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 4176

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 22nd 188

4. Place of Birth, (Street and Number) 834 Woodward St

5. Full Name of Mother, Julia Stack

6. Mother's Maiden Name, Julia Butler

7. Mother's Birthplace, Balto County

8. Full Name of Father, Robert Stack

9. Father's Occupation, Driver.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return, Dr B Saunders M.D.

Address, 819 E. Chase St

Remarks,

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be returned duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday July 22d 1858
4. *Place of Birth, (Street and Number)* No 326 Forrest St
5. *Full Name of Mother* Lotie Metzly
6. *Mother's Maiden Name* Lotie Brandel
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Jacob Frederick Metzly
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Gill

Address No 349 Barclay St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4178

1. Sex (state whether male or ~~female~~), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 22 when the moon was eclipsed
4. Place of Birth (Street and Number), 201 W Lanvale
5. Full Name of Mother, Mary E Courts
6. Mother's Maiden Name, Mary E Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas E Courts
9. Father's Occupation, Undertaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W L Morgan MD

Address, 212 Franklin St

Remarks,

The Physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Sattim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4179

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 23rd 1888
4. *Place of Birth, (Street and Number)* 243½ Elm Alley
5. *Full Name of Mother,* Nellie Grabb
6. *Mother's Maiden Name,* " Leonard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. J. Grabb
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Bradford Cooley M.D.

Address, 1915 N. Charles

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 44180

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	23 July
4. *Place of Birth, (Street and Number)*	809 Pleasant St
5. *Full Name of Mother,*	Mary Louise Keogh
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Louis Sweeney
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Lasher
Address,	816 E. Lombard St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the case of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A. 14181

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 23/88
4. Place of Birth, (Street and Number) # 90 E Preston
5. Full Name of Mother, Kate Dugan
6. Mother's Maiden Name, " Sandersfast
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm Dugan
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other Person who makes this Return. D. L. Speer M.D.

Address, 855 E Lombard

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Emnick Huffington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 4182

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 28th 1953.
4. *Place of Birth, (Street and Number)* 1108 Saratoga St
5. *Full Name of Mother,* Sarah E. Huffington
6. *Mother's Maiden Name,* " " Emnick
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm O. Huffington
9. *Father's Occupation,* Machinist -
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return — J. M. Hundley M.D

Address. [redacted] 5-12-53

Remarks. L.M.

During the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HILL & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child — 4183
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 23 — 1888.
4. *Place of Birth, (Street and Number)*	1118 Hanover st.
5. *Full Name of Mother,*	Ernstine Caten.
6. *Mother's Maiden Name,*	Beierlein.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	James Caten
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return	J. Schwasser. Midwife.
Address,	1082 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 41644

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* 23 July

4. *Place of Birth, (Street and Number)* 2626 N. Gilmor St

5. *Full Name of Mother,* Anna Krause

6. *Mother's Maiden Name,* Linn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis Krause

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Louise Hebold

Address, 525 Washington Ave

Remarks, —

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Edgar ~~Armiger~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 4185

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race).
3. Date of Birth, 23 Of July - 1888
4. Place of Birth (Street and Number), Baltimore Md 1249 Johnson St
5. Full Name of Mother, Florence Armiger
6. Mother's Maiden Name, Florence Knight
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Armiger
9. Father's Occupation, Car. Repairer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks, GIVEN NAME ADDED. 9-22-53

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th D. 1186

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 23. 1852
4. *Place of Birth (Street and Number),* 1264 London st Baltimore
5. *Full Name of Mother,* Rosella McKay
6. *Mother's Maiden Name,* Berry
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* John B. McKay
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4167

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd ⁿ.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 23rd 1888
4. Place of Birth (Street and Number), #1224 Barclay St. Balto. Md.
5. Full Name of Mother, Emma F. Spence
6. Mother's Maiden Name, Emma F. Freelander
7. Mother's Birthplace, Baltimore Co. Md
8. Full Name of Father, George A. Spence
9. Father's Occupation, Employed at B. & O. R. R.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. Harry G. Prentiss. M.D.

Address, #403 Waverly Ave Balto. Md.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 11188

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1888
4. Place of Birth (Street and Number)	536 (or) Mount Street
5. Full Name of Mother	Maggie Jennie Humes
6. Mother's Maiden Name	Maggie Jennie Cotton
7. Mother's Birthplace	Freeport. Illinois
8. Full Name of Father	Harry Scanlan Humes
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Richmond. Va
Name of Medical Attendant, or other Person who makes this Return.	P. S. Field M.D.
Address	1637 Edmondson Ave.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4189

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	Dec 24 1918
4. Place of Birth (Street and Number),	116 N Pratt St
5. Full Name of Mother,	Mary McAvoy Thornton
6. Mother's Maiden Name,	Bell
7. Mother's Birthplace,	Charles McAvoy
8. Full Name of Father,	Steamfitter
9. Father's Occupation,	Balt
10. Father's Birthplace,	David Scott MD
Name of Medical Attendant, or other person who makes this Return.	405 N. Eden
Address,	
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14190

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 24, 1887
4. *Place of Birth, (Street and Number)*	904 Clinton St.
5. *Full Name of Mother,*	Mary Ramniere
6. *Mother's Maiden Name,*	Mary Fernan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas Ramniere
9. *Father's Occupation,*	Brakesman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Thorne
Address,	726 Luzerne St.
Remarks,	

... shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4191
1. *Sex, (state whether male or female)*	~~Colored~~ female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 24/91 ~~1891~~ High Alley
4. *Place of Birth, (Street and Number)*	1213 High Alley
5. *Full Name of Mother,*	Martha grans
6. *Mother's Maiden Name,*	Martha Frisby
7. *Mother's Birthplace,*	Chestertown Kent Co
8. *Full Name of Father,*	Daniel grans
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Chester town Kent Co
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Sayle
Address,	807 Madison Alley
Remarks,	Baltimore

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st B 14492
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 24th 1892
4. *Place of Birth, (Street and Number)*	Cottage Ave. no number
5. *Full Name of Mother,*	Louisa Kistner
6. *Mother's Maiden Name,*	Louisa Wilkow
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Kistner
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. G. Holyday
Address	714 Fredk Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st July 24 1888 A 4193

1. Sex, (state whether male or female) male Child
2. Race or color, (if not of the white race) Colored Child
3. Date of Birth, Child born July 24th 1888
4. Place of Birth, (Street and Number) 603 McElderry St. Court
5. Full Name of Mother, Kattie ~~Armstrong~~ Brown
6. Mother's Maiden Name, Kattie Armstrong
7. Mother's Birthplace, Born in Baltimore City
8. Full Name of Father, Charley Brown
9. Father's Occupation, Driveing Bricks Cart
10. Father's Birthplace, Born in Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Dorkas Tamlen
No 308 Chesnut Street

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DUBANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 41944

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth; July 24 1888.
4. Place of Birth, (Street and Number) 513 Division St
5. Full Name of Mother, Maggie Hirth
6. Mother's Maiden Name. Koehler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jno. C. Hirth.
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 41495

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 25 1888
4. *Place of Birth, (Street and Number)* 110 N Patterson Pk Ave
5. *Full Name of Mother,* Alferize Elizabeth Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. J T Shicknall M D

Address, 24 Patterson Pk Ave

Remarks, This is an illegitimate ~~child~~ child

BOARD OF HEALTH DEPARTMENT BALTIMORE

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 4196

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 25th July 1888.
4. Place of Birth, (Street and Number) Essence, St 395
5. Full Name of Mother, Minnie Krüger
6. Mother's Maiden Name, Minnie Krüger
7. Mother's Birthplace, Danzig West Preüsen
8. Full Name of Father, J. F. Garbig
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Steinbach Konigr. Preussen

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schuman

Address, 327 South Bond St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	25 July
4. *Place of Birth, (Street and Number)*	26 Salisbury Alley
5. *Full Name of Mother,*	Mary Jackson
6. *Mother's Maiden Name,*	Jackson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joe Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Tasker
Address,	1116 E. Fayette st.
Remarks,	

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child A. 4198

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 25th 1888
4. *Place of Birth, (Street and Number)* 1101 William St
5. *Full Name of Mother,* Ann E Reed
6. *Mother's Maiden Name,* Ann E Hunter
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* George W[illegible] Reed
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary E Anderson

Address, No 1103 Aliceanna Street

Remarks,

The Physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 4194

1. *Sex, (~~state whether~~ male or ~~female~~)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth* 7.25.88.
4. *Place of Birth, (Street and Number)* 307 W. Madison st
5. *Full Name of Mother,* Margaret White
6. *Mother's Maiden Name,* Wharton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robt. Thos. White,
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Lewis M Eastman

Address, 772 Lexington

Remarks, Natural

ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child A 4200

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 26 1888
4. *Place of Birth, (Street and Number)* No 307 West Street
5. *Full Name of Mother,* Luvenia Brooks
6. *Mother's Maiden Name,* Luvenia Meekins
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* Richard Brooks
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary J Anderson

Address, No 1203 Abys Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 & 11 th Child A 4201
1. *Sex, (State whether male or female)*	Twins Girls.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	26th of July 1888.
4. *Place of Birth, (Street and Number)*	526 Cassel Street.
5. *Full Name of Mother,*	Lizzie Hohman.
6. *Mother's Maiden Name,*	Lizzie Neukamp.
7. *Mother's Birthplace,*	Baltimore Born
8. *Full Name of Father,*	John Neukamp.
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Gumany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. for Justina Kunkel
Remarks,	Healthy.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... O. PULLMAN & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A. 4202
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 26. 55
4. *Place of Birth, (Street and Number)*	1510 ff Pratt St
5. *Full Name of Mother,*	Mary E. Bush
6. *Mother's Maiden Name,*	Mary E. Fisher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank A. Bush
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	C. C. Wenick M D
Address,	Pratt St Station
Remarks,	

Section 1. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4203

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White –
3. *Date of Birth.* July 26th – 1888 –
4. *Place of Birth, (Street and Number)* 1409 W. Balto. st
5. *Full Name of Mother,* Jessie a. Knebler –
6. *Mother's Maiden Name.* Grossion –
7. *Mother's Birthplace,* New York –
8. *Full Name of Father,* Alfred Frederick Knebler –
9. *Father's Occupation,* Wood Turner –
10. *Father's Birthplace,* Penna –

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith M.D.

Address, Harlem ave. & Calhoun st

Remarks,

...ist of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy, & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child A 4204

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 26 th 1888
4. Place of Birth, (Street and Number) 1014 Hanover st.
5. Full Name of Mother, Caroline Brockman
6. Mother's Maiden Name,
7. Mother's Birthplace, America
8. Full Name of Father, (not married)
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. J. Lobewasser midwife

Address, 1032 Hanover st

Remarks, This child was a seven months child died in cause of weekness, age twenty minutes.

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4205

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st.
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 27 1888
4. *Place of Birth, (Street and Number)*	23 30 Canton Avenue
5. *Full Name of Mother,*	Francis Sloane
6. *Mother's Maiden Name,*	Francis Moore
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Sloane
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sprague
Address,	726 Eutaw St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4206

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27 — 88
4. *Place of Birth, (Street and Number)*	N.W. Cor Hyl & Balw.
5. *Full Name of Mother,*	Johanna Fölling
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Bremen Germany
8. *Full Name of Father,*	Fritz Fölling
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Frank G Murray M.D.
Address,	4 E. Fayette St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 27, 1911
4. *Place of Birth, (Street and Number)*	1947 Alice Anna St.
5. *Full Name of Mother,*	Theresa Langrod
6. *Mother's Maiden Name,*	Theresa Lintner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry Langrod
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	720 Fagnant St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A 4208
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 27 1888.
4. *Place of Birth, (Street and Number)*	102 West st.
5. *Full Name of Mother,*	Sophie Erhard.
6. *Mother's Maiden Name,*	Reis.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Angelm Erhard.
9. *Father's Occupation,*	Cooper.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrgasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st - A 4209
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Jul 28 1881
4. Place of Birth (Street and Number),	647½ Central ave
5. Full Name of Mother,	Mary Lubking
6. Mother's Maiden Name,	Hoch
7. Mother's Birthplace,	Balti
8. Full Name of Father,	Julius Lubking
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	David Scott MD
Address,	403 S. Eutaw
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1210

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 28, 1888
4. *Place of Birth, (Street and Number)*	2407 Mine anna St.
5. *Full Name of Mother,*	Annie Elizabeth Wille
6. *Mother's Maiden Name,*	Annie Elizabeth Carter
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Henry Wille
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sprague
Address,	726 Lafayette St.
Remarks,	Seven months' child.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child A. 4211
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	28th of July 1888.
4. *Place of Birth, (Street and Number)*	134 North Wolf street
5. *Full Name of Mother,*	Lena Wagner.
6. *Mother's Maiden Name,*	Lena Bruder.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Frank Antone Bruder
9. *Father's Occupation,*	Agent
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. PULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[redacted] 2d. Child
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 28th 1888.
4. *Place of Birth, (Street and Number)*	617 S. Howard St.
5. *Full Name of Mother,*	Anna Rehling,
6. *Mother's Maiden Name,*	" Lampe,
7. *Mother's Birthplace,*	Frederick, Md.
8. *Full Name of Father,*	Henry Rehling,
9. *Father's Occupation,*	Box-maker,
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return.	R. J. H. Tall, M.D.
Address,	624 Sharp St.
Remarks,	

A. 4212

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th
4. Place of Birth, (Street and Number) #901 Hollins St
5. Full Name of Mother, Mary E. Burns
6. Mother's Maiden Name, " " Clarke
7. Mother's Birthplace, Erie Pa
8. Full Name of Father, John P. Burns
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return John G. Huck

Address, # 1338 Argyle Ave

Remarks, Miscarriage 6 Months

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 4211

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 29 July

4. *Place of Birth, (Street and Number)* No. 292 Hartford Road

5. *Full Name of Mother,* Wilhelmina Schmidt

6. *Mother's Maiden Name,* Eckstorm

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Schmidt

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Schmidt

Address, No. 528 Washington Ave

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 4215

1. Sex, (state whether male or female) ~~Male~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 July

4. Place of Birth, (Street and Number) No 948 Washington Ave

5. Full Name of Mother, Emma McClure

6. Mother's Maiden Name, Bates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles McClure

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schulte

Address, No 528 Washington Ave

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 30. 1888.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4216

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Balto July 24. 1888.
4. Place of Birth (Street and Number), 2410 Lancaster St.
5. Full Name of Mother, Mary Leonhardt.
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, America
8. Full Name of Father, William Leonhardt.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Smead.

Address, 410 South Wolfe St.

Remarks, 49

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 4217
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 1st 1888.
4. *Place of Birth, (Street and Number)*	404 N. Carrollton Av,
5. *Full Name of Mother,*	Emma Underhill,
6. *Mother's Maiden Name,*	" Harold,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Joshua J. Underhill,
9. *Father's Occupation,*	Oyster & Fruit Packer,
10. *Father's Birthplace,*	Domestic Co. Md.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A. 4218

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 1 1885
4. *Place of Birth, (Street and Number)* 231 Castle st
5. *Full Name of Mother,* Mary Connor
6. *Mother's Maiden Name,* Mary Conor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Connor
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address, 205 1 Madison st

Remarks,

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11219

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 1st 88
4. Place of Birth, (Street and Number)	412 W Arlington Ave
5. Full Name of Mother,	Hannah Ashe Kraus
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isadore Ashe
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N Howard St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4220

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2nd 1888.
4. Place of Birth, (Street and Number) E. Monument & cor Bethel
5. Full Name of Mother, Mollie Reaney
6. Mother's Maiden Name, " Myers
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Reaney
9. Father's Occupation, Nurse agent
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return G. F. Taylor M.D.

Address, 728 N Broadway.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 (Tenth)
1. Sex (state whether male or female),	Male. 4221
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 2nd 1888
4. Place of Birth (Street and Number),	NE Cor Eutaw & Callington Ave
5. Full Name of Mother,	Denie Hoerle
6. Mother's Maiden Name,	Shillen
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Conrad Hoerle
9. Father's Occupation,	Stone Ruper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Rachel A Tyler
Address,	2513 Canton Ave
Remarks,	

Every midwife shall report to the Commissioner of Health a list of the births which have occurred under his or her care during the month. Said list shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 47222

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 2, 1888
4. *Place of Birth, (Street and Number)*	726 Luzerne St.
5. *Full Name of Mother,*	Kate Trauree
6. *Mother's Maiden Name,*	Kate Armstrong
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Trauree
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Savayne
Address,	726 Luzerne St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4223

HEALTH DEPARTMENT
JUL 16 1888
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st live

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 2, 1888
4. Place of Birth, (Street and Number) 623 Fayette St
5. Full Name of Mother, Dodie Stein
6. Mother's Maiden Name, Dodie Wolpert
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Stein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sonnemann

Address, 1 Albemarle st cor 103.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 42224
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 3d 1898
4. *Place of Birth, (Street and Number)*	1764 Bolton alley
5. *Full Name of Mother,*	Mary Thomas
6. *Mother's Maiden Name,*	Mary Moore
7. *Mother's Birthplace,*	Prince George Co. Md
8. *Full Name of Father,*	James Thomas
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Hattie Clarke
Address,	502 Preston st
Remarks,	

BALTIMORE MD. JUL 11 1898

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No Second A 14225

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 3rd July
4. *Place of Birth (Street and Number),* Belair St ~~38~~ No 33
5. *Full Name of Mother,* Amelia Lenard
6. *Mother's Maiden Name,* Amelia Geller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Lenard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bruns

Address, 1600 N Chester st - Belair Av

Remarks,

and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 4726

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, July 3rd 1888
4. Place of Birth, (Street and Number) 508 President st.
5. Full Name of Mother, Maria Gregori
6. Mother's Maiden Name, " Taldinni
7. Mother's Birthplace, Italy
8. Full Name of Father, Arcangelo Gregori
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernitini

Address, 122 S. Exeter st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A4227

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 4 July 1818
4. *Place of Birth, (Street and Number)* 108 Sout Durham St
5. *Full Name of Mother,* Mary Kunkel
6. *Mother's Maiden Name,* Mary Kunkle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Kunkle
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kunkel

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 4228

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1888
4. *Place of Birth, (Street and Number)* 1431 Lafayette Ave.
5. *Full Name of Mother,* Belle M. Kershner
6. *Mother's Maiden Name,* Belle M. Forman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry A. Kershner
9. *Father's Occupation,* Post Office Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return James Bacon M.D.

Address, Cor Arlington & Lafayette aves

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A** 4229

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 6 July 1885
4. *Place of Birth, (Street and Number)* 2201 McElderry St
5. *Full Name of Mother,* May Seward
6. *Mother's Maiden Name,* May Theiss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thomas Seward
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Roystist

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 14230

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 6 July 1885
4. Place of Birth, (Street and Number) 1922 Jefferson St
5. Full Name of Mother, Elizabeth Schloff
6. Mother's Maiden Name, Elizabeth Schloff
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schloff
9. Father's Occupation, Laborer
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsch

Address, 207 N. Washington St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 4231

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 6: 1888
4. Place of Birth, (Street and Number) 460 Pitcher Place
5. Full Name of Mother, Annie Chatham
6. Mother's Maiden Name, " Ferguson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Chatham
9. Father's Occupation, Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. P. L. Williams

Address, 910 Madison Ave

Remarks, Labor Natural - Indian Chinese Jew

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child A.H.232
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 7th 1885.
4. *Place of Birth, (Street and Number)*	S.E.Cor. Fremont & Ridgely Sts.
5. *Full Name of Mother,*	Joanna Wallace.
6. *Mother's Maiden Name,*	" Singleton.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	James F. Wallace.
9. *Father's Occupation,*	Coal & Wood.
10. *Father's Birthplace,*	Richmond, Va.
Name of Medical Attendant, or other person who makes this Return.	R. J. H. Tull, M.D.
Address,	524 Sharp St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4233

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*,	July 7/88
4. *Place of Birth*, (Street and Number)	17 W Eutaw St.
5. *Full Name of Mother*,	Nellie Cassidy
6. *Mother's Maiden Name*,	" Bittner
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Robt. N. Cassidy
9. *Father's Occupation*,	Captain Oyster Vessel
10. *Father's Birthplace*,	Delaware
Name of Medical Attendant, or other Person who makes this Return	Frank G Meyer M.D.
Address,	4 & 6 Eutaw St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1888 A 42344

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 7 July
4. *Place of Birth, (Street and Number)* Baltimore 1110 Warner st
5. *Full Name of Mother,* Nellie Mears
6. *Mother's Maiden Name,* Nellie Cooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A Mears
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Nr. Virginia

Name of Medical Attendant, or other person who makes this Return. Milley Brose

Address, No 29 York st City

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and A. 11230
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	8 July 1858
4. *Place of Birth, (Street and Number)*	284 Hickory av Woodberry
5. *Full Name of Mother,*	Maggie Jenkins
6. *Mother's Maiden Name,*	Maggie Brown
7. *Mother's Birthplace,*	Wales Eng and
8. *Full Name of Father,*	Robt B Jenkins
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Woodberry Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Ellen Jane Sullivan
Address,	Hickory av & Hampden
Remarks,	

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 4736

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 8th. 1888.
4. *Place of Birth (Street and Number)* 105 Aisquith St.
5. *Full Name of Mother* Kate Ellen Conners Smith
6. *Mother's Maiden Name* " ".
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Smith.
9. *Father's Occupation* Bar-tender.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Keerle Jr.

Address 102 Park Ave.

Remarks Puerperal Convulsions occurred during labor
part of 2nd. Stage of Labor. Patient fully recovered

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4537

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 8 1868
4. *Place of Birth, (Street and Number)* 18 Washington St
5. *Full Name of Mother,* Ella Able
6. *Mother's Maiden Name,* Ella Able
7. *Mother's Birthplace,* American
8. *Full Name of Father,* Benjamin Able
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Henry Rogers

Address, 207 N Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A. 4238

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth July 9th 1881.
4. Place of Birth, (Street and Number) 33 E. First St.
5. Full Name of Mother, Susan E. Pearce
6. Mother's Maiden Name, Miss Molley
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Ed. Pearce
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. F. M. Latham M.D.

Address, #4 W. North Avenue.

Remarks, Labor brought on about 8 month by an attack of dysentery. Breech presentation.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th — A 4239

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 9: 1888
4. Place of Birth, (Street and Number) 1719 Park Ave
5. Full Name of Mother, Blanche Doyle
6. Mother's Maiden Name, " Bissett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Clarence Doyle
9. Father's Occupation, Principia Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. E. Williams

Address, 900 Madison Ave

Remarks, Natural — without Physician

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth-A 4240
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 10th 1888
4. *Place of Birth, (Street and Number)*	825 Woodyard Ct
5. *Full Name of Mother,*	Wilhelmina Kraft
6. *Mother's Maiden Name,*	" Rotte
7. *Mother's Birthplace,*	Lotte Germany
8. *Full Name of Father,*	Anton Kraft
9. *Father's Occupation,*	Lithographer
10. *Father's Birthplace,*	Gerra Germany
Name of Medical Attendant, or other Person who makes this Return.	Joseph Bleuel
Address,	641 Columbia Ave.
Remarks,	

HEALTH DEPARTMENT, JUL 18 1888 BALTIMORE, MD.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th A 4241

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1888
4. Place of Birth, (Street and Number) Farm of John S. Gittings
5. Full Name of Mother, Mrs ~~James~~ Samuel Gray
6. Mother's Maiden Name, Annie Parks
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, James L Gray
9. Father's Occupation, ~~Ga~~ Gardner
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. Daniel W Smyth

Address, Woodberry Balto Md.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — 4242

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 10: 1888
4. Place of Birth, (Street and Number) Nyk Washington - but parents now residing in Phila 1117 N Charles St
5. Full Name of Mother, Ella Deasy
6. Mother's Maiden Name, " Whitlock
7. Mother's Birthplace, Balto "
8. Full Name of Father, Daniel B. Deasy
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, P. L. Williams

Address, 910 Madison Ave.

Remarks, Chloroform & Forceps.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third A. 47243
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1888
4. Place of Birth (Street and Number)	East Oliver Above Chester St.
5. Full Name of Mother	Jennie Hopwood
6. Mother's Maiden Name	Jennie Harrison
7. Mother's Birthplace	Harrisonburg Va.
8. Full Name of Father	Thomas E. Hopwood
9. Father's Occupation	Fireman
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	1307 N. Bentalou ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 43244

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 11th July 1888
4. Place of Birth, (Street and Number) 1808 Wilkens ave
5. Full Name of Mother, Annie Kathrine Plant
6. Mother's Maiden Name, Annie Kathrine Brinsfield
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas Francis Plant
9. Father's Occupation, House Painter
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. M W D Inman

Address, No 1927 W Lombard St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

898 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Charles Augustus Conrad Krausse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4245

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 12th 1885
4. Place of Birth, (Street and Number) 1 Eutaw & Conrad
5. Full Name of Mother, Teresa Krausse
6. Mother's Maiden Name, Gattschalk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Krausse
9. Father's Occupation, Letter Engraver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Frances Cogley M.D.

Address, Guy & Chandler Rd

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 5-28-56

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Charles Electus Masters

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) Second A. 4745

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 12th 1888
4. *Place of Birth (Street and Number)* 4931 E. Biddle Street
5. *Full Name of Mother* Elizabeth V. Masters
6. *Mother's Maiden Name* Elizabeth V. Neal
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Lewis E. Masters
9. *Father's Occupation* Hackeeer
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. P. E. Watson

Address 1301 N. Central Ave

Remarks

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4347

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	13th July
4. *Place of Birth, (Street and Number)*	1910 Eastern Ave
5. *Full Name of Mother,*	Adelaide Kaft Kraeter
6. *Mother's Maiden Name,*	Kaft
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Kraeter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Kusper
Address,	1016 E Lombard st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

A. 47348

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 21
4. *Place of Birth (Street and Number)*	1733 Wilkes St —
5. *Full Name of Mother*	~~J. W. Fawcett~~ Mamie Fawcett Thompson
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	J. W. Fawcett
9. *Father's Occupation*	Police
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	R. H. O Ellis
Address	1935 Eager St
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4249
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 26 '94
4. *Place of Birth (Street and Number)*	1710 Patapsco
5. *Full Name of Mother*	Bridget Voice
6. *Mother's Maiden Name*	" Radatkin
7. *Mother's Birthplace*	B. City.
8. *Full Name of Father*	Jno Voice
9. *Father's Occupation*	Brakman R.R.
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Rob't Deeen
Address	916 Zeph
Remarks	

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 1257
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1888
4. *Place of Birth, (Street and Number)*	Columbia Ave
5. *Full Name of Mother,*	Lillie May Lupus
6. *Mother's Maiden Name,*	Lillie May Mossmayer
7. *Mother's Birthplace,*	Alexandria Va
8. *Full Name of Father,*	H. E. Lupus D.D.S.
9. *Father's Occupation,*	Dentist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Joseph Blum M.D.
Address,	64 Columbia Ave
Remarks,	

HEALTH DEPARTMENT BALTIMORE

And shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, so report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 4257
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 7th 1888
4. Place of Birth, (Street and Number)	Cor. Eutaw & Henrietta
5. Full Name of Mother,	Eliza Glaising
6. Mother's Maiden Name,	Eliza Wirt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Chas. Glaising
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Joseph Blum
Address,	# 64 Columbia Ave
Remarks,	

HEALTH DEPARTMENT RECEIVED JUL 18 1888 BALTIMORE MD.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 42552

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* July 12th 1888
4. *Place of Birth, (Street and Number)* 1412 Holland st
5. *Full Name of Mother,* Anna Schweyer
6. *Mother's Maiden Name,* Creeger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fritz Steinmeier
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Elyza Gaff

Address, 1214 Gardner

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 11-30-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Margaret G. Heimbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 4253

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 12th 1888
4. Place of Birth, (Street and Number) 2228 Eastern Ave
5. Full Name of Mother, Caroline E. Heimbach
6. Mother's Maiden Name, Wenzel
7. Mother's Birthplace, Germany
8. Full Name of Father, George C. Heimbach
9. Father's Occupation, Car Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Pugh

Address, 1241 Bank

Remarks,

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts are recovered, and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 — A. 42654

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 12th 1888
4. Place of Birth, (Street and Number) Lying in Hosp. cor W. Lombard St.
5. Full Name of Mother, Eliza Bell
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. D. E. Deaver M.D.

Address, 319 W. Monument St

Remarks,

BY J. C. DILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A 42555
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 13th 1888
4. *Place of Birth, (Street and Number)*	623 N Caroline St
5. *Full Name of Mother,*	Mary Schultz
6. *Mother's Maiden Name,*	Michel
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Herman Schultz
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	Cor Caroline + Eager Sts
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ~~A~~ 4256

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, July 14th 81
4. Place of Birth, (Street and Number) 313 Presidt St.
5. Full Name of Mother, Maggie R. Rath
6. Mother's Maiden Name, Race
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Rath
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Bullock 2nd

Address, 124 S. Broadway

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th B 4257

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 88

4. Place of Birth, (Street and Number) 114 N. Bond St.

5. Full Name of Mother, Olivia T. Baxter

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Hanford Co.

8. Full Name of Father, Henry C. Baxter

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return. E. B. Bullock

Address, 124 Broadway

Remarks,

GIVEN NAME ADDED 4-5-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Wilhelmina Werner A 4258

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 14 — 1888
4. Place of Birth, (Street and Number) 215 President St.
5. Full Name of Mother, Sarah Wilhelmina Werner
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich August Werner
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fraklt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 4259 1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	15th of July
4. Place of Birth (Street and Number),	1202 West Baltimore
5. Full Name of Mother,	Mary C. Graemann
6. Mother's Maiden Name,	— — Kraft
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christian V Graemann
9. Father's Occupation,	Brassmoulder
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Henler. Midwife
Address,	2116 West Pratt.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4260

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 15th
4. Place of Birth, (Street and Number) Baltimore No 1139 Washington
5. Full Name of Mother, Sara Kritsiv
6. Mother's Maiden Name, Sara Kraine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Kraitsiv
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Catherine Mitchell

Address, No 112 Callender Alley

Remarks,

The parent or parents of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th — A 4261

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 14th / 88
4. Place of Birth, (Street and Number) Carroll Ave
5. Full Name of Mother, Emma Bowerson
6. Mother's Maiden Name, Curtis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Curtis Bowerson
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D H Reiche

Address, Maury

Remarks,

BALTIMORE CITY

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4262

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	July The 19th
4. *Place of Birth, (Street and Number)*	Baltimore Clemson St No 3
5. *Full Name of Mother,*	Margery Lauterback
6. *Mother's Maiden Name,*	La Lotte
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Lauterback
9. *Father's Occupation,*	glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Eighteen St No 1514
Remarks,	

WM. C. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4263

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, 16th July
4. Place of Birth, (Street and Number) 70 E Heath St
5. Full Name of Mother, Annie E Hill
6. Mother's Maiden Name, " " Cowen
7. Mother's Birthplace, Kansas
8. Full Name of Father, Gus B Hill
9. Father's Occupation, Liquor Business
10. Father's Birthplace, Kansas

Name of Medical Attendant, or other person who makes this Return. Katherina Münch

Address, 700 Leadenhall St.

Remarks,

BALTIMORE CITY BOARD OF HEALTH

Such Birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 43644

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 16 - 1888
4. Place of Birth, (Street and Number) 922 E Lombert St.
5. Full Name of Mother, ~~Eudora~~ Rock
6. Mother's Maiden Name, Augusta Rohlfink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Rock
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Mary Stein

Address, 1427 E Pratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 4265
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	july the 16 th
4. *Place of Birth, (Street and Number)*	Baltimore Burch st 1595
5. *Full Name of Mother,*	Mary geisler
6. *Mother's Maiden Name,*	Eamon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	johan geisler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hallowen
Address,	
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ler whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct ch birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of schedule shall contain a list of the births which have occurred under his or her care during the hall set forth as far as the same can be ascertained the full name of each child, if any shall have d its sex, color, the full name and occupation of its parents, the date and place of birth, and the shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ach and every month to the office of the Commissioner of Health. In case the birth of any child thout the attendance of a physician or practitioner of midwifery, or should no other person be in pon the mother, immediately thereafter it shall become the duty of the person or parents of such s its birth to the Commissioner of Health, in the manner and within the period above required, and son or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ne of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4266

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	July 25 19
4. *Place of Birth, (Street and Number)*	Baltimore light St No 1934
5. *Full Name of Mother,*	Kate Houser
6. *Mother's Maiden Name,*	Englehart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James T Houser
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Statham
Address,	light St 1944

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 4267
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 17 — 88
4. *Place of Birth, (Street and Number)*	No 1615 Eastern Ave
5. *Full Name of Mother,*	Nora Ward
6. *Mother's Maiden Name,*	" Dooley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Ward
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough St
Remarks,	

The name of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 4268

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 17. 1888
4. Place of Birth, (Street and Number) 2104 W. Fayette St.
5. Full Name of Mother, Margaret L. Kinsey
6. Mother's Maiden Name, " Cunningham
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, Alva L. Kinsey
9. Father's Occupation, Machinist
10. Father's Birthplace, Harford County.

Name of Medical Attendant, or other person who makes this Return. Mabury Brewer M.D

Address, 1106 McCulloh Street

Remarks,

1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4269

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 17th 1882
4. *Place of Birth, (Street and Number)*	19 Hood st
5. *Full Name of Mother,*	Augusta Graupb
6. *Mother's Maiden Name,*	Augusta Hoffman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Graupb
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 Wilkens Ave
Remarks,	

...of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SALARY $ 60 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 4270
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 17. 1888
4. *Place of Birth, (Street and Number)*	1426 Pennsylvania Ave.
5. *Full Name of Mother,*	Fanny L. Hartzell
6. *Mother's Maiden Name,*	McCabe
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Jas L. Hartzell
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mortimer Brewer MD
Address,	1106 McCulloh St.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 4271
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 14th 1888
4. *Place of Birth, (Street and Number)*	111 Lisby Ave
5. *Full Name of Mother,*	Mary Louisa Büttner
6. *Mother's Maiden Name,*	Fink
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Büttner
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	S. N. Seldner M D
Address,	Cor Caroline & Eager Sts.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4272

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 12th 1888
4. *Place of Birth, (Street and Number)*	1310 Hanover St.
5. *Full Name of Mother,*	Elizabeth Casey
6. *Mother's Maiden Name,*	" Grahl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Casey
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Katherine Mench
Address,	110 Leadenhall St.
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 — A 4273

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Negro
3. Date of Birth, July 18th 1888
4. Place of Birth, (Street and Number) Lying in Hosp. 622 N. Lombard St.
5. Full Name of Mother, Clara Benson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4274

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sunday July 19th
4. *Place of Birth, (Street and Number)* No 1130 E. Lanvale St
5. *Full Name of Mother,* Minnie Augusta Goltz
6. *Mother's Maiden Name,* Minnie Augusta Gelbin
7. *Mother's Birthplace,* Saxet Germany
8. *Full Name of Father,* William Hermann Goltz
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Katherine L Mench

Address, 700 Lexington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William James Baumeister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

D. 4270

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white
3. Date of Birth, 19 July - 1888
4. Place of Birth (Street and Number), 617 S Bond St
5. Full Name of Mother, Amie Baumeister
6. Mother's Maiden Name, Amie Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Baumeister
9. Father's Occupation, Agent
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Marie Prell

GIVEN NAME ADDED 1-12-54 L.M.

Address, S. Bond Str. 840

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 4276

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 17th 1888
4. Place of Birth, (Street and Number) 509 N Wolf St
5. Full Name of Mother, Annie P Pate
6. Mother's Maiden Name, Pahlman
7. Mother's Birthplace, Balto County
8. Full Name of Father, John J Pate
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S H Goldman M D

Address, S E Cor Caroline & Eager Sts

Remarks,

Midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred Wagoner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4277

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth*, 14th July 1884

4. *Place of Birth*, (Street and Number) 409 Warren av

5. *Full Name of Mother*, Carrie (Wagner) Wagoner

6. *Mother's Maiden Name*, Armstrong

7. *Mother's Birthplace*, Ball

8. *Full Name of Father*, Melvin (Wagner) Wagoner

9. *Father's Occupation*, Undertaker

10. *Father's Birthplace*, Carroll Co, Md

Name of Medical Attendant, or other Person who makes this Return J W Webster

Address, 106 Bond

Remarks,

I hereby certify that I have this day registered the birth of the child above described, and that the information above given is correct and true, to the best of my knowledge and belief.

Witness my hand this 16th day of July 1884

J W Webster

Physician, Midwife or other Person making Return

Every physician, midwife or other person practicing midwifery in the City, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

Physician under whose charge or superintendence a birth shall hereafter take place, or person practicing mid-wifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, July 19th 1888
4. Place of Birth, (Street and Number) N. Dallas St No 939
5. Full Name of Mother, Eva Otto
6. Mother's Maiden Name, Eva Dressel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew Otto
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

GEO. J. B. BALAWY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4279.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* July 20th 1888
4. *Place of Birth, (Street and Number)* 105 Forster st
5. *Full Name of Mother,* Mary Juras
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Juras
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Pete

Address, 114 Forster st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4250

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 20 — 1886
4. *Place of Birth, (Street and Number)*	306 S. Ann St.
5. *Full Name of Mother,*	Laura Hartman
6. *Mother's Maiden Name,*	Wallace
7. *Mother's Birthplace,*	Somerset Co. Md
8. *Full Name of Father,*	Jules Hartman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1127 E. Fall St.
Remarks,	

HEALTH DEPT. BALTIMORE CITY REGISTRATION

Any person practicing midwifery in the city of ... whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child. (If any shall have been conferred its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child A. 4281

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, July 20th 1888
4. Place of Birth, (Street and Number) Orleans St No 1525
5. Full Name of Mother, Sahra Troth
6. Mother's Maiden Name, Sarah McDavitt
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas Trott
9. Father's Occupation, Bar. Keeper
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth L. 4282
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	20th day of July.
4. *Place of Birth, (Street and Number)*	1028 Leadenhall St.
5. *Full Name of Mother,*	Maimie E. Barlag.
6. *Mother's Maiden Name,*	Maimie E. Price
7. *Mother's Birthplace*	Anna Arundle County Md.
8. *Full Name of Father,*	J. Chas. Barlag.
9. *Father's Occupation,*	Lithographic Printer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Kathrena Minnick
Address,	800 Leadenhall St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	E. 4283 3 C
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	21 of July
4. Place of Birth (Street and Number),	2015 Frederick Avenue
5. Full Name of Mother,	Louise Reinhardt
6. Mother's Maiden Name,	Wagner
7. Mother's Birthplace,	Baden Germany
8. Full Name of Father,	John Reinhardt
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Henle Midwife
Address,	2116 West Pratt
Remarks,	

Under whose charge or superintendence a birth shall occur every person practicing midwifery in the city of Baltimore shall register of such birth, and shall enter the same on a blank schedule hereafter take place, shall keep a true and correct This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4284

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* July 21st 1898
4. *Place of Birth, (Street and Number)* 1610 Pratt st
5. *Full Name of Mother,* Lilla Frantom
6. *Mother's Maiden Name,* " " Bucher
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Frantom
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Kelly

Address, 1254 Bank st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 4292
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 22 88
4. Place of Birth, (Street and Number)	2031 Jefferson St
5. Full Name of Mother,	Estella May Kirwin
6. Mother's Maiden Name,	Gibson
7. Mother's Birthplace,	Md
8. Full Name of Father,	George L. Kirwin
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Worrell
Address,	712 McDonough St
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovere

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

1 = 16 + 293

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) white

3. Date of Birth, July 22 1888

4. Place of Birth, (Street and Number) 1010 Hilton St

5. Full Name of Mother, Mary E Sheppard

6. Mother's Maiden Name, Mary E Diller

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Jos B Sheppard

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return. Esco R Graham md

Address, 725 Columbia ave

Remarks,

...MY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A 4294
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 22 1888
4. Place of Birth, (Street and Number)	1411 N Bond St
5. Full Name of Mother,	Kate A. Jones
6. Mother's Maiden Name,	" " Taylor
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm H. Jones
9. Father's Occupation,	Gasfitter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

KEE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4295

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 22 — 1888
4. Place of Birth, (Street and Number)	213 N. Caroline St.
5. Full Name of Mother,	Emma Jones
6. Mother's Maiden Name,	Lidinger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Francis Jones
9. Father's Occupation,	Police-Officer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E Pratt St.
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 4296

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22d
4. Place of Birth, (Street and Number) 1529 Fountain ct
5. Full Name of Mother, Emma J Rayfield
6. Mother's Maiden Name, " " allison
7. Mother's Birthplace, Pa
8. Full Name of Father, Edward a. Rayfield
9. Father's Occupation, Carpenter
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Thomas F Kelly M.D

Address, 1401 N. Fayette

Remarks,

Report to be made to the Registrar within ten days after the birth, under penalty of a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A 4297

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 23 1895
4. Place of Birth, (Street and Number) 601 Hamilton St.
5. Full Name of Mother, Mary A. McGinny
6. Mother's Maiden Name, Kensel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James McGinny
9. Father's Occupation, Baggage Master
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Mary McGinn
12. Address, 1417 E Pratt St.
13. Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d A 4298

1. Sex, (State whether male or ~~female~~)
2. Race or color, (if not of the white race)
3. Date of Birth, 23d of July 1888
4. Place of Birth, (Street and Number) 1037 Hanover St near Cross St
5. Full Name of Mother, Louisa C. Glauber
6. Mother's Maiden Name, Louisa C. Glauber.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John H. Glauber
9. Father's Occupation, Candy Manufacturer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Kathrena Minnich

Address, 800 Leadenhall St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 4299

1. Sex, (State whether ~~male~~ or female)
2. Race or color, (if not of the white race)
3. Date of Birth, July 23rd 1888.
4. Place of Birth, (Street and Number) No. 31 W. Cross St.
5. Full Name of Mother, Mrs. Maggie A. Chalmers
6. Mother's Maiden Name, Maggie A. Hollad.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Philemon S. Chalmers
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Katherine Hirsch

Address, 700 Leadenhall St.

Remarks,

been committed. [illegible] duly signed by the practitioner in charge to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in charge to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, July 23, 1883

4. Place of Birth, (Street and Number) 109 N. Eden Court

5. Full Name of Mother, Anna Conroy

6. Mother's Maiden Name, Ann Grady

7. Mother's Birthplace, Cork Ireland

8. Full Name of Father, James Conroy

9. Father's Occupation, Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. E. A. Hicks

Address, 1742 Eastern Ave.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4301

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race)
3. Date of Birth, July 23 1888
4. Place of Birth, (Street and Number) 2112 Fayette st
5. Full Name of Mother, Eliza Rayonne
6. Mother's Maiden Name, " " Gilmans
7. Mother's Birthplace, Md
8. Full Name of Father, Eugene Rayonne
9. Father's Occupation, Cooper
10. Father's Birthplace, Md
11. Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Ray
12. Address, 1211 Banks
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4302
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 23rd 1888
4. Place of Birth (Street and Number),	713 Mosher St
5. Full Name of Mother,	Elma Kahn
6. Mother's Maiden Name,	Aylesworth
7. Mother's Birthplace,	Canada
8. Full Name of Father,	David S Kahn
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler M.D.
Address,	2100 Druid Hill Ave
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 4303

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 20th
4. Place of Birth, (Street and Number) 810 Garrett Ave.
5. Full Name of Mother, Mary Shepard
6. Mother's Maiden Name, Archer
7. Mother's Birthplace, Harford Co
8. Full Name of Father, Charles Shepard
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. H. Reitche

Address, Waverly

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

A. 40024

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 24th 1886
4. Place of Birth, (Street and Number)	1523 Cole st
5. Full Name of Mother,	Barbara Ennis
6. Mother's Maiden Name,	Barbara Arnold
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Ennis
9. Father's Occupation,	Machinist
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	No 2022 Wilkens Ave
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 4305
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24 —
4. *Place of Birth, (Street and Number)*	1718 Barnes
5. *Full Name of Mother,*	Ella Taylor
6. *Mother's Maiden Name,*	Ella Bevan
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Saml Taylor
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Cecil Co
Name of Medical Attendant, or other Person who makes this Return.	Daniel V. Mayer M.D.
Address,	1200 N. Eden St
Remarks,	City

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPT

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A. 4306

1. *Sex (state whether male or female),* Female,
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* July 24th,
4. *Place of Birth (Street and Number),* No 1114 Ridgley St.
5. *Full Name of Mother,* Rebecca Tauber,
6. *Mother's Maiden Name,* Harling,
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* John F. Tauber,
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this return. Chas. V. Adelberg M.D.

Address, 1. C. Co. Columbia & Fremont Ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4307

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 28th 1888
4. Place of Birth (Street and Number),	315 S Stricker
5. Full Name of Mother,	Emma Harrington
6. Mother's Maiden Name,	Emma Wheeley
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Robt Harrington
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	B F Shields
Address,	735 W Lombard St
Remarks,	

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th A. 4309

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, July 25, 1911
4. Place of Birth, (Street and Number) 1516 Stirling Alley
5. Full Name of Mother, Emma Johnson
6. Mother's Maiden Name, Emma Evans
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry J. Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Lucretia Scott M.D.

Address, 432 Robert St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 4309

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race). Female
3. Date of Birth, ~~Baltimore~~ July 25th 1888
4. Place of Birth, (Street and Number) Baltimore No 1000 Druid St
5. Full Name of Mother, Mary Welch
6. Mother's Maiden Name, Mary Carney
7. Mother's Birthplace, Irland
8. Full Name of Father, Patrick Welch
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs Catherine Mitchell

Address, No 112 Callender Al

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 4310
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	Black.
3. Date of Birth,	July 25th 1911
4. Place of Birth (Street and Number),	1112 N. Halliday St
5. Full Name of Mother,	Carrie Hammond
6. Mother's Maiden Name,	Carrie Hammond
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	William Jones
9. Father's Occupation,	Driver
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	L. H. Cockrum,
Address,	817 Greenmount Ave.
Remarks,	

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 4311

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White,

3. Date of Birth, July 25th,

4. Place of Birth (Street and Number), No. 820 Lexington St,

5. Full Name of Mother, Margaret Galloway,

6. Mother's Maiden Name, Crowder,

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Galloway

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Alderdice M.D.

Address, S.E. Cor. Columbia & Fremont Aves.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4312

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 25th 1898
4. Place of Birth, (Street and Number) 518 S Ann st
5. Full Name of Mother, Dora Shonal
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Md
8. Full Name of Father, George Shonal
9. Father's Occupation, Cooper
10. Father's Birthplace, Md
- Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell
- Address, 521 S Ann st
- Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4313

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, July 25 1888

4. Place of Birth, (Street and Number) 1603 Alice Ann St.

5. Full Name of Mother, Augusta Gosch

6. Mother's Maiden Name, Herman

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Gosch

9. Father's Occupation, Tailor Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Shire

Address, 1421 E. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY BOARD OF HEALTH

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 46314

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white race
3. Date of Birth,	July the 25
4. Place of Birth, (Street and Number)	Baltimore west end 438
5. Full Name of Mother,	Sarah Moran
6. Mother's Maiden Name,	Murphy
7. Mother's Birthplace,	ireland
8. Full Name of Father,	john Moran
9. Father's Occupation,	iron Molder
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	English St No 1524
Remarks.	

child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall for each and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

NY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-23-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Anna Schweitzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A. 4316

1. Sex, (State whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, July 26th 1888
4. Place of Birth, (Street and Number) Eastern Ave No 921.
5. Full Name of Mother, Elisabeth Schweitzer
6. Mother's Maiden Name, Elisabeth Hens.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew Schweitzer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 03 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 4316

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 26 1888

4. Place of Birth, (Street and Number) 233 President St.

5. Full Name of Mother, Sophia Cohen

6. Mother's Maiden Name, Jacobs

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Cohen

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Fratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th D 4317

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 16th July 1881

4. Place of Birth, (Street and Number) 1314 Edmonson av

5. Full Name of Mother, Alice Ivison

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo E Ivison

9. Father's Occupation, Merchant

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Wm H Nebelett M.D.

Address, 106 Banner st

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 4318
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 24. 1888
4. Place of Birth (Street and Number),	Clement St #1525
5. Full Name of Mother,	Mary Roach
6. Mother's Maiden Name,	Mary Schlim
7. Mother's Birthplace,	Selma
8. Full Name of Father,	Dominick Roach
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland ~~Baltimore~~
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Cuba St
Remarks,	

The Attendant in charge of any case of birth shall become the duty of the person or parents of such child to report to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first 1A 4319
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	26th day of July.
4. Place of Birth, (Street and Number)	Baltimore 319 West 17
5. Full Name of Mother,	Maggie Watson
6. Mother's Maiden Name,	Foltz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert G. Watson
9. Father's Occupation,	Teamster
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katherine Münch
Address,	800 Leadenhall St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First A. 4020
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26th 1888
4. Place of Birth (Street and Number)	Burk
5. Full Name of Mother	Jane Todd
6. Mother's Maiden Name	Gaff
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	William Todd
9. Father's Occupation	Mariner (Captain of a Schooner)
10. Father's Birthplace	Baltimore City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Stafford M. D.
Address	No 1931 Jefferson St.
Remarks	Balto. City Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

D. 4321

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	1—
1. Sex, (state whether male or female)	F.
2. Race or Color, (if not of the white race)	Wh
3. Date of Birth,	July 24-84
4. Place of Birth, (Street and Number)	310 N. Broadway
5. Full Name of Mother,	Clara Rebecca McClelland
6. Mother's Maiden Name,	Wife
7. Mother's Birthplace,	Md
8. Full Name of Father,	Hendrix Melvin McClelland
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return	Irving Miller M.D.
Address,	1207 E. Monument St
Remarks,	

[redacted] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4322

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 26 - 1885
4. Place of Birth, (Street and Number)	1117 Guilford St.
5. Full Name of Mother,	Mary Kelly
6. Mother's Maiden Name,	McClane
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Kelly
9. Father's Occupation,	Stone Cutter
Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary Blair
Address,	1417 E Fayette St.
Remarks,	

any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten or more dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 4323
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	july the 26
4. *Place of Birth, (Street and Number)*	Baltimore patapsco st 141
5. *Full Name of Mother,*	Barclah Clark
6. *Mother's Maiden Name,*	parks
7. *Mother's Birthplace,*	New jersey
8. *Full Name of Father,*	Samuel Clark
9. *Father's Occupation,*	glass Cuter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St 1512

person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 4324

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 26. 1888
4. Place of Birth, (Street and Number) 113 Park Avenue
5. Full Name of Mother, Alice Donelly
6. Mother's Maiden Name, Lynch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Donelly
9. Father's Occupation, laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer md

Address, 1106 McCulloh Street

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 4325

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 26/88

4. Place of Birth, (Street and Number) 508 E. Pratt Str.

5. Full Name of Mother, Sarah Radetsky

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Russia

8. Full Name of Father, Barny Ratmanasky

9. Father's Occupation, Eating House Kipr

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return R. Kaplan

Address, 107 Broad Alley

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 4326
Sex, (state whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 27th 1883
4. Place of Birth, (Street and Number)	316 Sharp Street
5. Full Name of Mother,	Elizabeth Becker
6. Mother's Maiden Name,	Elizabeth Müller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wilhelm Becker
9. Father's Occupation,	Confectioner
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Alexander Schleifer
Address,	641 S. Paca Street
Remarks,	

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4327

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 27 1888
4. Place of Birth, (Street and Number) 1305 Gough St.
5. Full Name of Mother, Lizzie Upshaw
6. Mother's Maiden Name, Reedy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Upshaw
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E Biddle St.

Remarks,

...person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children A 41328

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July 27 1888
4. Place of Birth, (Street and Number) 54 Bradford alley
5. Full Name of Mother, Sarah Carr
6. Mother's Maiden Name, Sarah jane mits
7. Mother's Birthplace, pennsylvania midle yorke
8. Full Name of Father, Albert Carr
9. Father's Occupation, Labore
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary ridley

Address, 234 Bradford alley

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 4329
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 2nd 1888
4. *Place of Birth (Street and Number),*	610 Hanover St
5. *Full Name of Mother,*	Kate Smith
6. *Mother's Maiden Name,*	Kate Tate
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	L. K. Smith
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	B X Phillips
Address,	735 W Lombard St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ding Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4330

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 29th 1888
4. Place of Birth, (Street and Number)	124 Parrish
5. Full Name of Mother,	Fannie Thorpe
6. Mother's Maiden Name,	Fannie Frederick
7. Mother's Birthplace,	Va
8. Full Name of Father,	James Short
9. Father's Occupation,	Hod Carrier
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Charlotte ~~Hocuse~~ Langhenry A 14 331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 27, 1888
4. Place of Birth, (Street and Number) 1019 Lough St.
5. Full Name of Mother, Amelia S. (~~Emma~~) (~~Langhenry~~ Limpert) Langhenry
6. Mother's Maiden Name, " " (←) Limpert
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Henry (~~Charles~~) (~~Langhenry~~) Langhenry
9. Father's Occupation, Carriage trimmer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 160 Walker St. Balto. Md.

Remarks,

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d A. 4332

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 Dec 1858
4. Place of Birth, (Street and Number) 19 Pratt st
5. Full Name of Mother, Agnes E. Pfeiffer
6. Mother's Maiden Name, Agnes Peabody
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, John Pfeiffer
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno. Thurston

Address, Office 511 N Charles

Remarks,

for each offspring to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 25th 1888
4. *Place of Birth, (Street and Number)* 1702 Lexington st
5. *Full Name of Mother* Mary Norris
6. *Mother's Maiden Name* " Childs
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Columbus M Norris
9. *Father's Occupation* Police Magistrate
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. R McKeown

Address 1401 Linden ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 4334

1. Sex, (State whether male ~~or female~~) [illegible]
2. Race or color, (if not of the white race) White
3. Date of Birth, July 28th 1883
4. Place of Birth (Street and Number) N. Dallas St No 109
5. Full Name of Mother, Ida Lang
6. Mother's Maiden Name, Ida Buhrer
7. Mother's Birthplace, Schafhausen. Switzerland
8. Full Name of Father, Fredrick Lang
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Mullen

Address, N. Dallas St No. 114

Remarks,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4335

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth July 28th, 1888
4. Place of Birth, (Street and Number) Lying in Hosp. 622 W Lombard St.
5. Full Name of Mother, Rachel Stella
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. D. E. Beale M.D.

Address, 319 N. Monument St

Remarks,

...jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1 A 4336

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 28 1888
4. Place of Birth, (Street and Number) 119 S. Spring St.
5. Full Name of Mother, Mary Fenlon
6. Mother's Maiden Name, McWilliams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Fenlon
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Mary Klein
12. Address, 1427 E Fait's St.
13. Remarks,

jected to the fine of ten dollars for each offence, if correctly filled out. Other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4337

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1
2. Sex, (state whether male or female) Male
3. Race or color, (if not of the white race) Negro
4. Date of Birth, July 28 1888
5. Place of Birth, (Street and Number) 1403 May St.
6. Full Name of Mother, Francisca Bell
7. Mother's Maiden Name, Mahew
8. Mother's Birthplace, Baltimore
9. Full Name of Father, John Bell
10. Father's Occupation, Laborer
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Mary Flinn
13. Address, 427 E Hall St.
14. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third B 4338
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 28 88
4. Place of Birth, (Street and Number)	313 N. Chester St
5. Full Name of Mother,	Georgeanna Suter
6. Mother's Maiden Name,	" Read
7. Mother's Birthplace,	Va
8. Full Name of Father,	John J. Suter
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	GIVEN NAME ADDED 7-29-53 Name: John Wesley Suter

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4339

of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 28th
4. *Place of Birth (Street and Number),* 1614 Alice Anna St
5. *Full Name of Mother,* Margaretta Heim
6. *Mother's Maiden Name,* Reese
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Heim
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Marie Fiedl.

Address, S. Bond St. 8/6.

Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

GIVEN NAME ADDED 1-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Evalena Bowen

A 43140

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, July 28th 1888
4. Place of Birth, (Street and Number) # 440 W. Biddel St
5. Full Name of Mother, Martha Bowen
6. Mother's Maiden Name, Martha Thomas
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, George Bowen
9. Father's Occupation, Caterer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return Mrs Jane D. Easter

Address, # 10 E. Hamilton St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 43441

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 24th 1888
4. Place of Birth, (Street and Number)	263 Gilmore St
5. Full Name of Mother,	Mary Ford
6. Mother's Maiden Name,	Mary Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Ford
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	N. 2022 Wilkins Ave
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, July 22. 1898

4. Place of Birth, (Street and Number) 2030 E. Pratt St.

5. Full Name of Mother, Mrs. Virginia Lee Harrison McClain

6. Mother's Maiden Name, Miss Virginia Lee Harrison

7. Mother's Birthplace, Long Bridge Balt. Co.

8. Full Name of Father, Duncan Findlay McClain

9. Father's Occupation, Green Mercantile

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return. G. Glanville Kuck M.D.

Address, 2000 E. Balt. City

Remarks, Natural delivery

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

BUREAU OF VITAL STATISTICS BALTIMORE CITY

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third - A 4343

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday July 29th 88
4. Place of Birth, (Street and Number) 414 N. Eutaw St
5. Full Name of Mother, Mary E. Martin
6. Mother's Maiden Name, Mary E. Myers
7. Mother's Birthplace, Butler Co
8. Full Name of Father, Thos Jefferson Martin
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Butler County

Name of Medical Attendant, or other Person who makes this Return. Elsperlach M.D.

Address, Carroll Ave & Mulberry St

Remarks,

MORE ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 4344
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	29 July
4. *Place of Birth, (Street and Number)*	1306 Lemmon St
5. *Full Name of Mother,*	Elizabeth Linsenmeyer
6. *Mother's Maiden Name,*	" Arold
7. *Mother's Birthplace,*	Bavaria Germany
8. *Full Name of Father,*	Martin J Linsenmeyer
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Bavaria Germany
Name of Medical Attendant, or other person who makes this Return.	Dr Thorn HX
Address,	1300 W Pratt St
Remarks,	

BIRTH DEPARTMENT BALTIMORE

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 — 5 th Child Twins two females
1. Sex, (state whether male or female)	
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 29 th 1888
4. Place of Birth, (Street and Number)	143 West st.
5. Full Name of Mother,	Cath. Krogman Perpel
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America
8. Full Name of Father,	Louis Krogman
9. Father's Occupation,	Glass blower
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmann midwife
Address,	1032 Hanover st.
Remarks,	The 2 nd Child (6 months child) breathed 36 hours and died in cause of weakness.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4346

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 27 1888
4. Place of Birth, (Street and Number) 419 Bergner Alley
5. Full Name of Mother, Mary Rees
6. Mother's Maiden Name, Gies
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rees
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1127 E. Fayette St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4377

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, July 29th 1885
4. Place of Birth, (Street and Number) President st.
5. Full Name of Mother, Mary Baciga
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Angelo Baciga
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4348

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, January 29 1898

4. Place of Birth, (Street and Number) 570 Bethel st

5. Full Name of Mother, Maggie Bethea

6. Mother's Maiden Name, Jeffman

7. Mother's Birthplace, Md City

8. Full Name of Father, John Mealy

9. Father's Occupation, Conductor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr. Eliza Bate

Address, 1744 Bank st

Remarks,

BALTIMORE MD

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 43479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 29th 1885

4. Place of Birth, (Street and Number) Baltimore No 60 Ryan st

5. Full Name of Mother, Mary Mccafrey

6. Mother's Maiden Name, Mary Merry

7. Mother's Birthplace, Irland

8. Full Name of Father, thomas Mccafrey

9. Father's Occupation, Irland

10. Father's Birthplace, Labor

Name of Medical Attendant, or other person who makes this Return. Mrs Catherine Mitchell

Address, No 112 Callender st

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A 4330
Sex, (State whether male or female)	Boy
2. Race or color, (if not of the white race)	White race
3. Date of Birth,	29th July 1888
4. Place of Birth, (Street and Number)	No 3.25 Forrest
5. Full Name of Mother,	Mrs Henfe
6. Mother's Maiden Name,	Min Wertfhl
7. Mother's Birthplace,	Bazer Germany
8. Full Name of Father,	Mr Henfe
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ruhaheeren Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 u cn Pratt st
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4337

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	29 June
4. Place of Birth (Street and Number),	Day St.
5. Full Name of Mother,	Clara Stengel.
6. Mother's Maiden Name,	Clara Szepy
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Stengel
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. A Zink Midwife
Address,	709 Hillen St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d July 1881

Sex, (state whether male or female) Female A. 4352

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 24th July 1881

4. *Place of Birth, (Street and Number)* 329 S. Howard St

5. *Full Name of Mother,* Eleanor Higgins

6. *Mother's Maiden Name,* Heston

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Michael J. Higgins

9. *Father's Occupation,* Contractor

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 106 Harvard

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 4353

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, July 30th 1888
4. Place of Birth, (Street and Number) S. Bond St No 529
5. Full Name of Mother, Kunigunde Stiller
6. Mother's Maiden Name, Kunigunde Schönweis
7. Mother's Birthplace, Altdorf. Bavaria, Germany
8. Full Name of Father, George Stiller
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Altdorf Bavaria, Germany.

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Section 10 of the Act of 1898 provides for each offence, to be recovered as other fines and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 43054

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) girl

2. Race or color, (if not of the white race)

3. Date of Birth, 30 July

4. Place of Birth, (Street and Number) 1120 Thames Street

5. Full Name of Mother, Cecelia Hoelz

6. Mother's Maiden Name, Steininger

7. Mother's Birthplace, Baden Niederbuchen

8. Full Name of Father, Otto Hoelz

9. Father's Occupation, Carpenter

Father's Birthplace, Germantown Baden

Name of Medical Attendant, or other person who makes this Return. Edna Walker

Address, 1269 E Lee

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d b 4355
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 30 1888
4. Place of Birth, (Street and Number)	617 Wyeth st
5. Full Name of Mother,	Mary Ellen Fink
6. Mother's Maiden Name,	" " Ryder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Fink
9. Father's Occupation,	Policeman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Grahame M.D
Address,	125 Columbia ave
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child 4306
1. Sex, (State whether male or female)	Boy
2. Race or color, (if not of the white race)	White race
3. Date of Birth,	30th of July 1888
4. Place of Birth, (Street and Number)	No 353 Forrest st
5. Full Name of Mother,	Mrs. Lindner
6. Mother's Maiden Name,	Miss Shrepher
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Mr Henry Lindner
9. Father's Occupation,	Labarer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	No 2127 west Pratt st
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab

00, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) July 1st 30 18 88 A 4357

Sex, (state whether male or female) male child

2. Race or color, (if not of the white race) Colored child

3. Date of Birth, Born July 1st 30 18 88

4. Place of Birth. (Street and Number) No 263 Chestnut Street

5. Full Name of Mother, Matilda Edwards

6. Mother's Maiden Name, Matilda Brasty

7. Mother's Birthplace, King & Quen County Virginia

8. Full Name of Father, James Edwards

9. Father's Occupation, Work in Stable

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks, Darkie x Yaller
No 308 Chesnut Street

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd B 4358

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 1888

4. Place of Birth, (Street and Number) Pig alley Woodberry Balto Co. just B. pk of Dr D. S. Middleton

5. Full Name of Mother, Sarah E Thorp

6. Mother's Maiden Name, Sarah E Hunter

7. Mother's Birthplace, London Co Md.

8. Full Name of Father, Abbed Thorn

9. Father's Occupation, Laborer

10. Father's Birthplace, Jersey City

Name of Medical Attendant, or other Person who makes this Return. D Wilmot Lloyd M.D.

Address, Woodberry Balto Md

Remarks,

...the provisions of this section, shall be subjected to the fine of ten (10) dollars ... as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4357

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 30 1855

4. Place of Birth, (Street and Number) 223 S. Caroline St.

5. Full Name of Mother, Jane Taylor Lee

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father, Thomas Taylor

9. Father's Occupation, Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return.

Address, 419 E. Fayette St.

Remarks,

any State Agent of Persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4360

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 30th 88
4. *Place of Birth, (Street and Number)*	141 Bowen st
5. *Full Name of Mother,*	Bertha Stinaman
6. *Mother's Maiden Name,*	Bertha Schultz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Stinaman
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Boston
Name of Medical Attendant, or other person who makes this Return.	Mrs S Stoltz
Address,	No 2022 Wilkens Ave
Remarks,	

Penalty for making false return, or for refusing or neglecting to make return, as required by law, $20.00 to be recovered as other fines and forfeitures are recoverable.

CITY PRINTER AND STATIONER

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 A 4361

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Negro
3. Date of Birth, July 30th 1888
4. Place of Birth, (Street and Number) Lying in Hosp. 622 N. Caroline St.
5. Full Name of Mother, Lucy Cotwell
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M D

Address, 319 N. Monument St

Remarks,

PRICE OF THIS AND OF THE FOLLOWING BLANKS FOR EACH OFFICE, TO BE RECOVERED AS OTHER FINES AND FORFEITURES ARE RECOVERABLE

, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 4362
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 30th 1888
4. Place of Birth, (Street and Number)	218 Broadford alley
5. Full Name of Mother,	Mary Catherine Dutton
6. Mother's Maiden Name,	Mary Catherine Moore
7. Mother's Birthplace,	Dorchester Co Md
8. Full Name of Father,	J W Dutton
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary Ridley
Address,	234 Broadford alley
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 4363

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 30. 1888.

4. Place of Birth, (Street and Number) 1109 N. Gilmor

5. Full Name of Mother, Ona Stanton

6. Mother's Maiden Name, Warfield

7. Mother's Birthplace, Howard Co. Md.

8. Full Name of Father, A. Denison Stanton

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. J. A. Chrittion M.D

Address, 1821 Madison Ave.

Remarks,

Persons making false returns of births or deaths, or neglecting to make returns thereof, as required by law, shall be guilty of a misdemeanor, and the penalties thereof, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 43644

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 31st 1888
4. Place of Birth, (Street and Number) 102 S Appleton St Baltimore Md
5. Full Name of Mother, Florence Virginia Schafer
6. Mother's Maiden Name, Florence Virginia Crew
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Leo Schafer
9. Father's Occupation, Adams Express Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payne Street

Remarks,

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 4360

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 30th 1888
4. Place of Birth, (Street and Number) Baldwin St. Woodberry Annex. Balto
5. Full Name of Mother, Sarah Elizabeth George
6. Mother's Maiden Name, Sarah E. Hare (Hare)
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, John George
9. Father's Occupation, Brakeman (N.C. R.R.)
10. Father's Birthplace, Gettysburg. Pa

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D

Address, 119 Third Ave. Woodberry Annex. Balto

Remarks, House not numbered

Any such physician or person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 4366
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 30 1888
4. Place of Birth, (Street and Number)	No 1730 N. Bond St
5. Full Name of Mother,	Lilly May Williams
6. Mother's Maiden Name,	" " Chalk
7. Mother's Birthplace,	Balto
8. Full Name of Father,	David E. Williams
9. Father's Occupation,	Printer
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A. 4367
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 30
4. Place of Birth, (Street and Number)	111 Henrietta St.
5. Full Name of Mother,	Amelia Weller
6. Mother's Maiden Name,	Amelia Fischer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Weller
9. Father's Occupation,	Feed Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Augusta Berien
Address,	927 South Sharp St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 C. A. 4368
1. Sex, (State whether male or female)	male.
2. Race or color, (if not of the white race)	white.
3. Date of Birth,	July 1 of 31
4. Place of Birth, (Street and Number)	128 Hatford Road
5. Full Name of Mother,	Elizabeth Odmann.
6. Mother's Maiden Name,	Elizabeth Stranz.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Albert Odmann.
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Auguste Bosien
Address,	927. South Sharp St.
Remarks,	

...ected as other liens and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4369

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* [illegible]
2. *Race or color (if not of the white race)*
3. *Date of Birth,* 31 Aug
4. *Place of Birth, (Street and Number)* 1026 E Canal Store
5. *Full Name of Mother,* Dora Gröninger
6. *Mother's Maiden Name,* = Kirchenstein
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Louis Gröninger
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Anna E Walker

Address, 1249 E Lanvale

Remarks, 1 O

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 4370

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 2

1. *Sex (state whether male or female)* ~~Female~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 31
4. *Place of Birth (Street and Number)* 1203 W Fayette St
5. *Full Name of Mother* Eva L Olson
6. *Mother's Maiden Name* Eva L Garrett
7. *Mother's Birthplace* N.Y.
8. *Full Name of Father* John E Olson
9. *Father's Occupation* Salesman
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Robt K Knox M.D.

Address 1208 W Fayette St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Alice Jane Langhorn

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 8 A 4371

1. Sex (~~state whether male~~ or female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 31 - 1888
4. Place of Birth (Street and Number) 1011 Edmanson Av
5. Full Name of Mother John W Longhorn
6. Mother's Maiden Name Alice Dickey
7. Mother's Birthplace Va
8. Full Name of Father John W Langhorn
9. Father's Occupation Fireman
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Robt K Knox

Address 1200 W Fayette St

Remarks GIVEN NAME ADDED 12-4-23

L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. C. A. 4372
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	July 31
4. Place of Birth, (Street and Number)	2506 Hanover St.
5. Full Name of Mother,	Lena Neuhauser.
6. Mother's Maiden Name,	Lena Schmidt.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Louis Neuhauser
9. Father's Occupation,	Glass Blower
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusta Brion.
Address,	927 South Sharp St
Remarks,	

CITY PRINTERS AND STATIONERS

Missing 4373

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4374.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third. A

Sex, (state whether male or female) Male.

2. Race or color, (if not of the white race) White

3. Date of Birth, July 31, 1888.

4. Place of Birth, (Street and Number) No. 1225 Holbrook Street.

5. Full Name of Mother, Emma V. Kraft.

6. Mother's Maiden Name, Emma V. Sommerville.

7. Mother's Birthplace, Maryland

8. Full Name of Father, Walter Kraft.

9. Father's Occupation, Driver

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Eug. R. Elwell M. D.,

Address, 1741 Harford ave.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 4375

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* July 31. 1888.
4. *Place of Birth, (Street and Number)* No 1744 Hanover St
5. *Full Name of Mother,* Mary L. Jenkins
6. *Mother's Maiden Name,* Mary L Slater
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Jenkins
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katherena Münch

Address 800 Leadenhall St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st, b. 4376
1. Sex, (~~state whether~~ male ~~or female~~)	Male,
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 31st 88
4. Place of Birth, (Street and Number)	820 Hollins St
5. Full Name of Mother,	Ida Katz
6. Mother's Maiden Name,	Ida Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Katz
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	H. Jerome
Address,	400 Eastern Ave
Remarks,	

By Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A 4377
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 31 -
4. Place of Birth, (Street and Number)	26 Market Space
5. Full Name of Mother,	Esther Spielman
6. Mother's Maiden Name,	Esther Bernbaum
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Jacob Spielman
9. Father's Occupation	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other Person who makes this Return.	Daniel V Mayer MD
Address,	1200 N Edw St
Remarks,	Bart

BALTIMORE

City Printers and Stationers

GIVEN NAME ADDED 5-28-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY:

HEALTH DEPARTMENT AUG 1 1888 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Bertha 2d Mae Southcomb No. 4378

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth July 31 - 1888

4. Place of Birth (Street and Number) Eastern ave No number

5. Full Name of Mother, Mary E Southcomb

6. Mother's Maiden Name, Anstachee

7. Mother's Birthplace, Penn.

8. Full Name of Father, John R. Southcomb

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return Virgil Miller M D

Address, 1207 E. Monument St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 4379
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 1/88
4. Place of Birth, (Street and Number)	No 10 S. Chester St
5. Full Name of Mother,	Ellen Lovelles
6. Mother's Maiden Name,	Thomas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benjamin Lovelles
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kraft.
Address,	No 405 S. Wilkinson St
Remarks,	

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4380

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 1st
4. Place of Birth, (Street and Number) No 1287 Williams Street
5. Full Name of Mother, Mrs Kate Frochlich
6. Mother's Maiden Name, Miss Kate Hofacker
7. Mother's Birthplace, Prussia Germany
8. Full Name of Father, August Frochlich
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Katie A Mine

Address, 800 Leadenhall St

Remarks,

Jacket to the side of the (not dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4381

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, July 1st 188
4. Place of Birth, (Street and Number) 217 Keen St
5. Full Name of Mother, Ruth E Leight
6. Mother's Maiden Name, Smack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Leight
9. Father's Occupation, Provision dealer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. D H Keirle M D

Address, Waverly Md

Remarks,

BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 4382
Sex, (State whether male or female)	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	1 July 1888
4. *Place of Birth, (Street and Number)*	Antonia Dove Cunnan
5. *Full Name of Mother,*	No 420 Element st
6. *Mother's Maiden Name,*	Cannon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Columbus Cannon
9 *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Worcester Co Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Jewell
Address,	516 Hont Ave
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Ln 4383
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24,
4. *Place of Birth, (Street and Number)*	513 S. Belmont St
5. *Full Name of Mother,*	Sadie Cohen
6. *Mother's Maiden Name,*	Sadie Steingels
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Cohen
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H Tarshis
Address,	400 Eastern Ave.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 14384

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July the 2 1862
4. Place of Birth, (Street and Number) 1533 South Charles St
5. Full Name of Mother, Annie Elizabeth Hoffmann
6. Mother's Maiden Name, Annie Elizabeth Ahring
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Gotfred Hoffmann
9. Father's Occupation, saw Mill hand
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Katherine Lind

Address, 100 Leadenhall St.

Remarks,

B 60 - CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child A 4350
1. Sex, (State whether male or female)	Male Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	2d July 1888
4. Place of Birth, (Street and Number)	1139 Johnson St
5. Full Name of Mother,	Sarah Rebecca Hudson
6. Mother's Maiden Name,	Abbott
7. Mother's Birthplace,	Dorchester Co Md
8. Full Name of Father,	Edwin Hudson
9. Father's Occupation,	Worcester Co Md
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	

Child to report its birth to the Commissioners of Health, in the manner and within the time specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 4386

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 3rd 1888
4. Place of Birth, (Street and Number) 12 Thames St
5. Full Name of Mother, Mary Dudley
6. Mother's Maiden Name, Odas
7. Mother's Birthplace, City
8. Full Name of Father, Louis Dudley
9. Father's Occupation, Bartender
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Bey

Address, 1241 Banks

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ii — B. 4387

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Negro
3. Date of Birth, July 3rd 1888
4. Place of Birth, (Street and Number) Lexington Near: 622 N. Loudon Ave.
5. Full Name of Mother, Julia Jackson
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return — L. E. Neale MD

Address, 319 N. Monument St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten dollars for each offense to be recovered as debts of like amount are now recoverable

BALTIMORE MD BOARD OF HEALTH

30.. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 47388

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 3d
4. Place of Birth, (Street and Number)	431 N. Broadway.
5. Full Name of Mother,	Annie E. Winder
6. Mother's Maiden Name,	Annie E. Eitel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles F. Winder
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katie Winch
Address,	800 Leadenhall St
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna Louise Wyatt 2a A. 4389

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 3a 1888
4. Place of Birth, (Street and Number) 115 N. Lombard st.
5. Full Name of Mother, Rose Wyatt
6. Mother's Maiden Name, "
7. Mother's Birthplace, New York
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. O. C. Gudel M.D.

Address, Maternité Hospital 115 N. Lombard st.

Remarks, [redacted] 5-6-53

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. All fines recovered as other fines and forfeitures are recovered

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 4340

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd, 1888.
4. Place of Birth, (Street and Number) 918 Light St.
5. Full Name of Mother, Josephine Seward
6. Mother's Maiden Name, Altreith
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John Henry Seward
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return. Robert L. Lowe, M.D.

Address, 1017 Light St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 4391

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 3d 1888

4. Place of Birth, (Street and Number) 115 N. Lombard st.

5. Full Name of Mother, Nora Sullivan

6. Mother's Maiden Name, "

7. Mother's Birthplace, New York

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. V. Hyde M.D.

Address, Maternite Hospitale 115 N. Lombard st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4392

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 3rd, 1888
4. Place of Birth, (Street and Number)	Lying in Hosp. 622 W. Lombard St.
5. Full Name of Mother,	Cassie Coulter
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Baltimore County Md.
8. Full Name of Father,	Not Known
9. Father's Occupation,	" "
Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return	L. E. Neale M.D.
Address,	319 W. Monument "
Remarks,	

Any Such Person or Persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and all Returns made hereafter are recoverable.

CC., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. C. A. 14393
1. Sex, (State whether male or female)	male.
2. Race or color, (if not of the white race)	white.
3. Date of Birth,	July 7. 3. [illegible]
4. Place of Birth, (Street and Number)	1738 William Str.
5. Full Name of Mother,	Josephine Sauer.
6. Mother's Maiden Name,	Josephine Hirsch
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Christian Sauer.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosien.
Address,	927 South: Sharp. Str.
Remarks,	

any such person or persons who shall neglect or refuse to comply with the provisions of this Ordinance, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

B. 66 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A. 17394
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 4th 1888
4. Place of Birth, (Street and Number)	1031 S Paca St
5. Full Name of Mother.	Louisa Seabreeze
6. Mother's Maiden Name,	Louisa Weiss
7. Mother's Birthplace,	Balto
8. Full Name of Father,	J Frank Seabreeze
9. Father's Occupation,	Ice driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Geo R Kalmus M.D.
Address,	
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin A. 4395

1. Sex, (State whether male or female) Female. Brown hair.
2. Race or color, (if not of the white race) White. R
3. Date of Birth, 1st of July.
4. Place of Birth, (Street and Number) Amity St. 17 do.
5. Full Name of Mother, Jenny Kirschman.
6. Mother's Maiden Name, Jenny Rothstein.
7. Mother's Birthplace, Russia Poland.
8. Full Name of Father, Aaron Kirschman.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Russia Poland.

Name of Medical Attendant, or other person who makes this Return. Wm. Howard Donaldson

Address, 217 Schroeder St.

Remarks,

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A 14396

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, July 4, 1888.
4. Place of Birth, (Street and Number) No. 1623 N. Spring Street.
5. Full Name of Mother, Clara Eberenz
6. Mother's Maiden Name, Clara Miller.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Eberenz
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Eug. A. Elewell, M.D.

Address, 1741 Harford ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Twins Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 4 1888
4. Place of Birth, (Street and Number)	417 Gough St.
5. Full Name of Mother,	Katharina Stritter
6. Mother's Maiden Name,	Ringsdorf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Stritter
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E Balt St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11398

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 5 — 1888
4. Place of Birth, (Street and Number)	1811 E Lombert St.
5. Full Name of Mother,	Kate Day
6. Mother's Maiden Name,	Day
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Day
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1423 E Pratt st.
Remarks,	

[redacted] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4399

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 5th 1888
4. Place of Birth, (Street and Number)	Collins st 2010
5. Full Name of Mother,	Ella W Whiteside
6. Mother's Maiden Name,	Ella Crist
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel D Whiteside
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Belfast Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 Wilkens Ave
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 14400
1. Sex, (state whether male or female)	female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 5th 1916
4. Place of Birth, (Street and Number)	115 N. Rutland St.
5. Full Name of Mother,	Mary Jones
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	—
9. Father's Occupation,	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return	L. E. Tindel M.D.
Address,	Maternite Hospital 115 N. Rutland St.
Remarks,	

Any [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A 24401

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 5th 98
4. Place of Birth, (Street and Number) 2000 Druid Hill Ave
5. Full Name of Mother, Mary ~~Shaw~~ Snape
6. Mother's Maiden Name, Mary Shaw
7. Mother's Birthplace, Balto
8. Full Name of Father, Jas F Snape
9. Father's Occupation, Painter
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. A C Bell M D

Address, 2102 Madison Ave

Remarks,

...report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any physician or person who shall hereafter fail to comply with the provisions of this section, shall be subject to a penalty of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4402

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 5. 1888
4. Place of Birth, (Street and Number) Linden Avenue & Robert St. (1901)
5. Full Name of Mother, Isabella C. Irelan
6. Mother's Maiden Name, " " Jones.
7. Mother's Birthplace, Balt City
8. Full Name of Father, William S. Irelan
9. Father's Occupation, Ship Builder
10. Father's Birthplace, New Jersey
11. Name of Medical Attendant, or other person who makes this Return. Marbury Brown M.D
12. Address, 1016 N. Carlton St.
13. Remarks, forceps at perineum

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third No 14403

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wh.
3. *Date of Birth,* July 5th 1888
4. *Place of Birth, (Street and Number)* 619 S Chan St
5. *Full Name of Mother,* Mary E McQuay
6. *Mother's Maiden Name,* Briscoe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robt E McQuay
9. *Father's Occupation,* Boatman
10. *Father's Birthplace,* Easton Md

Name of Medical Attendant, or other Person who makes this Return. Dr B Bullock M.D.

Address, 134 S Broadway

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 44044

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 6th 1858
4. Place of Birth, (Street and Number) Maple Row. West Woodberry. Balt
5. Full Name of Mother, Laura Virginia Yeagle
6. Mother's Maiden Name, Laura V. Strawbridge
7. Mother's Birthplace, Penna.
8. Full Name of Father, George W. Yeagle
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Manchester Md
11. Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.
12. Address, 119 3d Ave Woodberry Annex. Balt
13. Remarks, The house in which the birth occured is not numbered

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A. 4405
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1888
4. *Place of Birth, (Street and Number)*	Lying in Hosp 622 N. Sarah St.
5. *Full Name of Mother,*	Annie White
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Not Known
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	L. E. Neale M.D.
Address,	319 W. Monument St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ii A. 44055½

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 6th 1888
4. Place of Birth, (Street and Number) Lying in Hosp. 422 Woodbourne
5. Full Name of Mother, Louisa White
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4405

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth.	July 7th 1888
4. Place of Birth, (Street and Number)	Park, n. n. Franklin
5. Full Name of Mother.	Sarah, Moore.
6. Mother's Maiden Name.	Sarah, Cornell
7. Mother's Birthplace,	Balto, md.
8. Full Name of Father.	Samuel L. Moore
9. Father's Occupation,	Porter
Father's Birthplace,	Balto, md
Name of Medical Attendant, or other person who makes this Return.	Hester Clarke
Addr.	605 Pratt st
Rema.	

any such person of persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STAT

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Mealy Quick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A. 44407
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 6th 1918
4. Place of Birth (Street and Number),	2002 Division St
5. Full Name of Mother,	Fanny Quick
6. Mother's Maiden Name,	Mules
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Walter Quick
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler MD
Address,	2100 Druid Hill Ave
Remarks,	GIVEN NAME ADDED 2-3-53. L.M.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-29-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Miles Hildebrand A 4408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 6 — 1883
4. Place of Birth, (Street and Number) 724 S. Broadway
5. Full Name of Mother, Elizabeth Hildebrand
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Hildebrand
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fleet.

Remarks,

jected to the fine of ten (10) dollars for each day's neglect. To be recovered together with fines and forfeitures as are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d / A. 44409

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1888
4. Place of Birth, (Street and Number) 1132 Jacksons St.
5. Full Name of Mother, Willon Blanche Birkett
6. Mother's Maiden Name, Hason
7. Mother's Birthplace, Virginia
8. Full Name of Father, William H Birkett
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. H. Lebner M.D.

Address, 814 W Lombard St.

Remarks, Natural Labor

...ed as other rules and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 44:10
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	6 July 1898
4. Place of Birth, (Street and Number)	1094 Cross St
5. Full Name of Mother,	Annie Thomson
6. Mother's Maiden Name,	Hunt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Thompson
9. Father's Occupation,	Stone Keeper
Father's Birthplace,	Norway
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Jewell
Address,	516 West Ave
Remarks,	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 4411

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, 6 July 18-84
4. Place of Birth, (Street and Number) 464 Cross St
5. Full Name of Mother, Sedania Floyde
6. Mother's Maiden Name, Ramsey
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, John Floyde
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Font ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth A 4412
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 7-88
4. *Place of Birth, (Street and Number)*	915 McDonogh St
5. *Full Name of Mother,*	~~John~~ Sarah F. Fogle
6. *Mother's Maiden Name,*	" " Boram
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H Fogle
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. GO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4413

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Negro
3. Date of Birth,	July 7 — 1888
4. Place of Birth, (Street and Number)	247 S. Durham
5. Full Name of Mother,	Julia Wessler
6. Mother's Maiden Name,	Tillman
7. Mother's Birthplace,	Dorchester, County
8. Full Name of Father,	Wm Wessler
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Dorchester County
Name of Medical Attendant, or other person who makes this Return,	Mary Meiz
Address,	1427 E Pratt St.
Remarks,	

Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4414

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, July 9th 1891

4. Place of Birth, (Street and Number) 115 N. Loudon Sts.

5. Full Name of Mother, Mary Eliza Snowden

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return. L. A. Tendel M.D.

Address, Maternite' Hospital 115 N. Loudon Sts.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother (state whether 1st, 2d, 3d, &c.) First A 4415

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth June 9/86
4. Place of Birth, (Street and Number) 306 Fulton Ave E/S
5. Full Name of Mother, Minnie Brown
6. Mother's Maiden Name, Minnie Thornton
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Wm. Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. A.B. Pole

Address, 1402 Madison ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalties for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 4416

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 7th 1890
4. Place of Birth, (Street and Number) 821 Chapel st
5. Full Name of Mother, Jennie Keene
6. Mother's Maiden Name, " " Stoneker
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Steer
9. Father's Occupation, Sailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1741 Bank st

Remarks,

any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence committed as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4417

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 7th 1888

4. Place of Birth, (Street and Number) Lying in Hosp. 622 N. Eutaw St

5. Full Name of Mother, Ruth Hill

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Not Known

9. Father's Occupation, " "

Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return L E Neale MD

Address, 319 N. Dromm Ond St

Remarks,

jected to the fine of ten (10) dollars for each clause, to be recovered [illegible] and shall be collectible as recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 4418
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 8th 1897
4. *Place of Birth, (Street and Number)*	766 Columbia ave
5. *Full Name of Mother,*	Bertie Jones
6. *Mother's Maiden Name,*	Bertie Mc Frederick
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joshua Jones
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	maryland
Name of Medical Attendant, or other person who makes this Return.	Chas R Graham
Address,	
Remarks,	

any such person or persons who shall hereafter [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 00. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-11-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Elizabeth Klug A 4419

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (State whether ~~male~~ or female)

2. Race or color, (if not of the white race)

3. Date of Birth, July 8th - 1888

4. Place of Birth, (Street and Number) 710 Hanover St

5. Full Name of Mother, Annie Klug

6. Mother's Maiden Name, Broecker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Klug

9. Father's Occupation, Shoemaker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Kath. Anna Münch

Address, 700 Leadenhall St.

Remarks,

any such Person or Persons who shall neglect or fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 — L 4420

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 8 July - 1888
4. Place of Birth, (Street and Number) 1214 Patapsco st
5. Full Name of Mother, Annie Aymold
6. Mother's Maiden Name, Annie Reiche
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Aymold
9. Father's Occupation, Salgon Keeper
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Katherine Mench

Address, 100 Leadenhall st

Remarks,

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4421

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, July 6th 1886

4. Place of Birth, (Street and Number) 115 N. Eutaw St.

5. Full Name of Mother, Henrietta Jane

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland.

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, F. C. Gould M.D.

Address, Maternite' Hospital 115 N. Eutaw St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 44422

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
Race or color, (if not of the white race)	
Date of Birth,	July 8 — 1888
Place of Birth, (Street and Number)	834 Georg St.
Full Name of Mother,	Lillah A. Bachm
Mother's Maiden Name,	Smith
Mother's Birthplace,	Baltimore
Full Name of Father,	Henry E. Bachm
Father's Occupation,	Gas-Fitter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Klein
Address,	1427 E. Pratt St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4423

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 8 — 1888
4. Place of Birth, (Street and Number)	1602 Canton Ave.
5. Full Name of Mother,	Anni L. Jerscheid
6. Mother's Maiden Name,	Michaelis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Jerscheid
9. Father's Occupation,	Iron Moulder
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Marx Stein
Address,	1427 E. 10th St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4424

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 8 1888

4. Place of Birth, (Street and Number) 418 Fremont Ave.

5. Full Name of Mother, Hulda Smith

6. Mother's Maiden Name, Coe

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Samuel Smith

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 4425

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 8th 1898
4. Place of Birth, (Street and Number) 1410 Harford ave
5. Full Name of Mother, Bessie Buchman
6. Mother's Maiden Name, Bruenstein
7. Mother's Birthplace, Md
8. Full Name of Father, Herman Buchman
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs Olga Pelz

Address, 1414 Forest

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 44426

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 2 1881
4. Place of Birth, (Street and Number) 2414 Fayette st
5. Full Name of Mother, Eliza Wanicker
6. Mother's Maiden Name, Rouse
7. Mother's Birthplace, City
8. Full Name of Father, Conrad Wanicker
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bolz

Address, 1214 Fairmt

Remarks,

BALTIMORE MD

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th A. 4427.
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white race
3. *Date of Birth,*	July 15th 8th
4. *Place of Birth, (Street and Number)*	Baltimore Marshal St 2 ows. 24
5. *Full Name of Mother,*	Sarah jane Morson
6. *Mother's Maiden Name,*	Loscum
7. *Mother's Birthplace,*	Baltimore
Full Name of Father,	James Morson
9. *Father's Occupation,*	water man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathaway
Address	Light St above 15th

...ith to the Commissioners of Health of Baltimore City, and any physician or midwife or other person who shall hereafter fail to comply with the provisions of this section shall for each and every offence forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4428

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 6th 188
4. Place of Birth, (Street and Number) 612 Fawcett Ave
5. Full Name of Mother, Nellie J. McGaffin
6. Mother's Maiden Name, Hulty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno McGaffin
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D H Reithe M D

Address, Woverly Md

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MOR

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4429

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 8th 1888
4. Place of Birth, (Street and Number)	313 Belair Road
5. Full Name of Mother,	Elizabeth Wormley
6. Mother's Maiden Name,	Forester
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Andrew Wormley
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	S E Cor Caroline & Eager Sts
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4430
Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 8th 1888
4. Place of Birth, (Street and Number)	781 Columbia ave
5. Full Name of Mother,	Alice De Alley
6. Mother's Maiden Name,	Alice Zoeller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Carroll De Alley
9. Father's Occupation,	Hotel Keeper
Father's Birthplace,	District Columbia
Name of Medical Attendant, or other person who makes this Return.	Leo R Graham Asst.
Address,	
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4731

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 8th 1911
4. Place of Birth, (Street and Number)	Lying in Hosp 622 N. Broadway
5. Full Name of Mother,	Mollie Walker
6. Mother's Maiden Name,	Not known
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Les. Walker
9. Father's Occupation,	Actor
10. Father's Birthplace,	Not known.
Name of Medical Attendant, or other person who makes this Return	L. E. Neal & Md
Address,	319 N. Greenmount Ave
Remarks,	

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st L 4432
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 9th 88
4. Place of Birth, (Street and Number)	1239 Hanover Ave
5. Full Name of Mother,	Anna Lee Eckhart
6. Mother's Maiden Name,	Anna Lee Creighton
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Geo. Lawrence Eckhart
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. Lee Hines
Address,	402 Cathedral St
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third B 4433
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 10 1888
4. *Place of Birth, (Street and Number)*	1034 N Wolfe St
5. *Full Name of Mother,*	Mary F. Apple
6. *Mother's Maiden Name,*	" " Hofnagle
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George F. Apple
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third L 4434
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 10 - 88
4. *Place of Birth, (Street and Number)*	335 Friendship Ave (Annex)
5. *Full Name of Mother,*	Jennie May Foster
6. *Mother's Maiden Name,*	" " Milburn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry S. Foster
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4430

(state whether 1st, 2d, 3d, &c.) 4th

male or female) male.

the white race)

July 10th 1898

Street and Number) 213 Carroll St. Woodberry Annex. Balt.

Father, Frances Ella Baker

Name, Frances E. Randolph

ce, Easton, Md.

Father, Elijah M. Baker

ion, Tailor

ce, Caroline Co. Md

Attendant, or other person who makes this Return. Geo. T. Shower M.D.

119 35th Ave. Woodberry Annex Balt

Missing # A 4436

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4437

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 12

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 10 1888

4. Place of Birth, (Street and Number) 520 Aisquith st

5. Full Name of Mother, Eliza Nagel

6. Mother's Maiden Name, " " Schmitz

7. Mother's Birthplace,

8. Full Name of Father, Fred Nagel

9. Father's Occupation, Packing House

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1711 Bank st.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount and forfeitures are recoverable.

BALTIMORE

& CO., CITY PRINTERS AND STA

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 4438
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 10 1888
4. *Place of Birth, (Street and Number)*	523 Mc Mechen St.
5. *Full Name of Mother,*	Mary V. McSherry
6. *Mother's Maiden Name,*	" " Adams
7. *Mother's Birthplace,*	Frederick City
8. *Full Name of Father,*	Richard McSherry
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Frederick City
Name of Medical Attendant, or other person who makes this Return.	Marbury Brewer M.D.
Address,	1106 McCulloh St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 10 1884
4. Place of Birth (Street and Number),	2105 Division St
5. Full Name of Mother,	Margaret Kirk
6. Mother's Maiden Name,	Donnelly
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James Kirk
9. Father's Occupation,	Train despatcher N.C.R.W.
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler M.D.
Address,	2100 Orchard Ave
Remarks,	

the Commissioner of Health, in the matter of the Births, to be performed above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 44440

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1886
4. Place of Birth, (Street and Number) 115 N. Lombard Str.
5. Full Name of Mother, Alice Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, U. Va.
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. A.O. O'Neill M.D.

Address, Maternity Hospital 115 N. Lombard Sts.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d. E 44441
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11
4. Place of Birth, (Street and Number)	No. 919 Saratoga St.
5. Full Name of Mother,	Minnie Steinich
6. Mother's Maiden Name,	A. Bauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Steinich
9. Father's Occupation,	Fruit Dealer
Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	Jno A Hunter
Address,	217 N Schroeder St
Remarks,	

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A 44442
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11th 1888
4. Place of Birth, (Street and Number)	1364 E Chase St
5. Full Name of Mother,	Annie R. Willinger
6. Mother's Maiden Name,	Hebrank
7. Mother's Birthplace,	Penna
8. Full Name of Father,	Louis J Willinger
9. Father's Occupation,	Coal & Wood Dealer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S A Seldner M D
Address,	S E Cor Eager & Caroline Sts
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. GC., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emelia Bertha Miller — E 44443

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 11th 1888
4. Place of Birth, (Street and Number) 2228 Boston street
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Myer
7. Mother's Birthplace, City
8. Full Name of Father, Emile Miller
9. Father's Occupation, Stamer maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return — Mrs Eliza Bolz

Address, 1726 Bond

Remarks, GIVEN NAME ADDED 3-11-54 h.m.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, recoverable as other fines and penalties are recoverable.

AUG 1 1888 BALTIMORE MD

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 44444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 11th 1888
4. Place of Birth, (Street and Number)	Girard Ave. N. Woodberry. Balt.
5. Full Name of Mother,	Rosamond M. J. Dipple
6. Mother's Maiden Name,	Rosamond M. J. Bowers
7. Mother's Birthplace,	Carroll Co. Md.
8. Full Name of Father,	Joseph B. Dipple
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower M.D.
Address,	119 Third Ave. Woodberry Annex. Balt.
Remarks,	House not numbered

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 44445

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 11 1888
4. Place of Birth, (Street and Number) 1013 Fawn
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Smith
9. Father's Occupation, Potter
10. Father's Birthplace, Philadelphia
11. Name of Medical Attendant, or other person who makes this Return. Mary Stein
12. Address, 1127 E. Eath St.
13. Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 44446

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 11 — 1888
4. Place of Birth, (Street and Number)	1814 Canton Ave.
5. Full Name of Mother,	Lizzie Bauer
6. Mother's Maiden Name,	Barnet.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Bauer
9. Father's Occupation,	Confectioner
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E Pratt St.
Remarks,	

any such person or persons who shall hereafter [illegible] with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4447

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 11 — 1885
4. Place of Birth, (Street and Number)	304 S. Spring St.
5. Full Name of Mother,	Johana Irviner
6. Mother's Maiden Name,	Quigh
7. Mother's Birthplace,	England
8. Full Name of Father,	Charles Irviner
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Cleire
Address,	1427 E Pratt St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 47148

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 11 1888
4. Place of Birth, (Street and Number) 1418 Fremont Ave.
5. Full Name of Mother, Emma Cox
6. Mother's Maiden Name,
7. Mother's Birthplace, Washington County
8. Full Name of Father, not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. No. 114119

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, July 11th.
4. Place of Birth (Street and Number), 1437 Patterson Ave.
5. Full Name of Mother, Henretta Knickhaun,
6. Mother's Maiden Name, Bushman
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Richard Knickhaun,
9. Father's Occupation, Confectioner
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. David J. Elderdice M.D.

Address, 1. E. Cor. Columbia & Fremont Aves.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child A 4150
1. Sex, (state whether male or female)	A Boy
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11th 1888
4. Place of Birth, (Street and Number)	Hamburg St # 629
5. Full Name of Mother,	Anna Kaesemeyer
6. Mother's Maiden Name,	Anna Stange
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Kaesemeyer
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangs
Address,	711 Lexington St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH DEPARTMENT, AUG 7 1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 44451

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, July 11 88

4. Place of Birth, (Street and Number) N° 2435 Wolf St.

5. Full Name of Mother, Amalie Gray

6. Mother's Maiden Name, Sus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Gray

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington Ave.

Remarks,

any person who shall wilfully make any false return, or refuse to make return as required by law, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Adam Baust GIVEN NAME ADDED 2-24-53

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 4457
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 13/88
4. Place of Birth, (Street and Number)	No 2025 Eastern Ave
5. Full Name of Mother,	Mary Baust
6. Mother's Maiden Name,	Haymik
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Baust
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A 44453

1. Sex, (State whether male or female) ~~Male~~ Female

2. Race or color, (if not of the white race) ~~White~~ White

3. Date of Birth, 12 July. 1888.

4. Place of Birth, (Street and Number) 832 Backer Court.

5. Full Name of Mother, Emilie Auguste Wilhelmine Obst.

6. Mother's Maiden Name, Emilie Auguste Wilhelmine May.

7. Mother's Birthplace, Fridrichsgnade b. Kinigard. i. Pom.

8. Full Name of Father, Joseph Paul August Obst.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Lüben i. Schlesien.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 217, [illegible]

Remarks,

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...A CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	First Child
2. Race or Color (if not of the white race),	Female " A 44541
3. Date of Birth,	White "
4. Place of Birth (Street and Number),	12th " July "
5. Full Name of Mother,	Canton, Boston st 3836
6. Mother's Maiden Name,	Mrs Louise Drought
7. Mother's Birthplace,	Miss Louise Curran
8. Full Name of Father,	Balti City
9. Father's Occupation,	Mr. George Drought
10. Father's Birthplace,	Labor
Name of Medical Attendant, or other person who makes this Return.	Balti City
Address,	Mrs. L. Drought
Remarks,	No 1225 Share st.

Who shall neglect or refuse to comply with the provisions of this Act shall be guilty of a misdemeanor, and shall be punished for each offence, to be recovered as other fines and forfeitures are recoverable.

Sherwood Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A 44455
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	12 July 1888
4. Place of Birth, (Street and Number)	No 929 Ramsey Street
5. Full Name of Mother.	Minnie Murphy
6. Mother's Maiden Name.	Minnie Fedler
7. Mother's Birthplace,	Wardensville West Va.
8. Full Name of Father,	John J. Murphy
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Seebach
Address,	No 735 N Path Street
Remarks,	

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 4456
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	W.
3. Date of Birth,	July 13 1888
4. Place of Birth, (Street and Number)	42 N. Washington
5. Full Name of Mother,	Anna Straka
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Planer Bohemia
8. Full Name of Father,	Ch. Straka
9. Father's Occupation,	Baker
Father's Birthplace,	Bohem
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 7 Child A 4457
2. *Sex, (state whether male or female)* female
3. *Race or color, (if not of the white race)* white
4. *Date of Birth,* The 13th Day of July 1858.
5. *Place of Birth, (Street and Number)* 212 South Lemm st.
6. *Full Name of Mother,* Elisa, Mathilde, Wilhelmine, Dieter
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,* City of Berliburg Kingdom of Preusen
9. *Full Name of Father,* Caspar Deuhardt.
10. *Father's Occupation,* Machinist
11. *Father's Birthplace,* City of Schlauchtern a native of Hesse Cassel
12. *Name of Medical Attendant,* or other person who makes this Return. Mrs Bange
13. *Address,* 711 Cross St.
14. *Remarks,*

any such person or persons shall be guilty of a misdemeanor, and on conviction thereof shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Blanche

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 44458

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 13/88
4. Place of Birth, (Street and Number) No 1015 Eastern Ave
5. Full Name of Mother Lina Witzer
6. Mother's Maiden Name, Olsen
7. Mother's Birthplace, Norwegen
8. Full Name of Father, Charles Witzer
9. Father's Occupation, Seamann
10. Father's Birthplace, Norwegen
- Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft
- Address, No 405 S. Washington St.
- Remarks, GIVEN NAME ADDED, 11-23-54 Lfz

AUG 7 1888 BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 41159

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 13/88
4. Place of Birth, (Street and Number)	No 422 S. Stiles St.
5. Full Name of Mother,	Kate Hubbard
6. Mother's Maiden Name,	Harer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Hubbard
9. Father's Occupation,	Ingeneur
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

HEALTH DEPARTMENT AUG 15 BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11460

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 1st 1916
4. Place of Birth, (Street and Number)	1116 Hanover St
5. Full Name of Mother,	Kath Cain
6. Mother's Maiden Name,	Sullivan
7. Mother's Birthplace,	City
8. Full Name of Father,	John Cain
9. Father's Occupation,	Engineer
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L C Bevan M D
Address,	511 Hanover St
Remarks,	

and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

90 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4461

of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14/88
4. *Place of Birth, (Street and Number)* Retreat St Clifton
5. *Full Name of Mother,* Lena Coville
6. *Mother's Maiden Name,* Lena Londenstock
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas O Coville
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. J F C Cole

Address, 2103 Madison Av

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A 4462

Sex, (state whether male or female) female

2. Race or color, (if not of the white race)

3. Date of Birth, July 15th

4. Place of Birth, (Street and Number) 919 Chestnut ally Baltimore St

5. Full Name of Mother, Paulina Gaylord

6. Mother's Maiden Name, Paulina Smith

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Robert F Gaylord

9. Father's Occupation, Brick Mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Asa Gange

Address, 711 Cross St

Remarks,

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh A 14463

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 15 th 1898

4. Place of Birth, (Street and Number) 711 Baker street

5. Full Name of Mother, Susie Hook

6. Mother's Maiden Name, Susie Harden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H Hook

9. Father's Occupation, Mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs A Hoengeld

Address, 620 Monroe street

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11 11 61

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 15th. 1888.
4. *Place of Birth (Street and Number),* #739 N. Central Av.
5. *Full Name of Mother,* J. A. Stiefnagle.
6. *Mother's Maiden Name,* " " Letndte.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Stiefnagle.
9. *Father's Occupation,* Harness maker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Geneva Hillegeist

Address, #1038 E. Monument St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Hshing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 14465
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	W
3. Date of Birth,	July 16 1888
4. Place of Birth, (Street and Number)	966 N Washington
5. Full Name of Mother,	Josephine Zelenka
6. Mother's Maiden Name,	Levy
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Mathias Zelenka
9. Father's Occupation,	Tinner
Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Josephine Conrad
Address,	1621 Barnes
Remarks	

Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 12-26-35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Wilson Widerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 44166

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, (6) July 14, 1888
4. Place of Birth, (Street and Number) Tucker street 15 ½
5. Full Name of Mother, Margaret S (Katy) (Catherine) Widerman
6. Mother's Maiden Name, " " Katy (Emmick) Gemmill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred (Wilhelm) Widerman
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return. Mrs. S. Hemsfeld
- Address, 620 Tucker street
- Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A 11467
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 16/88
4. Place of Birth, (Street and Number)	No 1010 Alice Anne St,
5. Full Name of Mother,	Liabeth Dirkhaus
6. Mother's Maiden Name,	Fleischmann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Konrad Dirkhaus
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant; or other person who makes this Return.	Mrs. Louisa Kraft
Address,	No 405 S. Washington St.
Remarks,	

HEALTH DEPARTMENT BALTIMORE CITY AUG 7 1888

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D 4468

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7 / 05.
4. Place of Birth, (Street and Number) 1551 Arlington Ave
5. Full Name of Mother, Sadie Kirby
6. Mother's Maiden Name, Sadie Linton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W Kirby
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. D. C. Thomas M.D.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than Five Dollars nor more than Fifty Dollars for each offence to be recovered as other fines are recovered.

BALTIMORE MD. JUN 8 1905 HEALTH DEPT.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st — A 4454

Sex, (state whether male or female) ~~Female~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 17/88

4. Place of Birth, (Street and Number) Arlington

5. Full Name of Mother, Nannie Emerick

6. Mother's Maiden Name, Nannie Hauer

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Emerick

9. Father's Occupation, Salesman

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A E Pike

Address, 202 Madison Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 11170
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 17th, 1885
4. Place of Birth, (Street and Number)	1405 Calhoun st.
5. Full Name of Mother,	Mary E. Pearle
6. Mother's Maiden Name,	Mary E. Stevens
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Joseph Pearle
9. Father's Occupation,	Machinist for B. & O. R.R.
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. J. Leman
Address,	339 Woodyear st.
Remarks,	Fine, healthy child

for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11471
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 5th 1877
4. Place of Birth, (Street and Number)	115 N. Lombard St
5. Full Name of Mother,	Fannie Ridden
6. Mother's Maiden Name,	unknown
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John Ridden
● Father's Occupation,	unknown
10. Father's Birthplace,	"
Name of Medical Attendant, or other Person who makes this Return.	J. O'Donnell M.D.
Address,	Maternite Hospitale
Remarks,	115 N. Lombard St.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 41472

1. Sex, (state whether male or female) Twin male & female

2. Race or color, (if not of the white race)

3. Date of Birth, July 18th 1888

4. Place of Birth, (Street and Number) 715 West Lexington Street

5. Full Name of Mother, Sophie Gerstinger

6. Mother's Maiden Name, Sophie Bretstein

7. Mother's Birthplace, Germany

8. Full Name of Father, Lewis Gerstinger

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Printed on the side of this form, the Courts for Baltimore City have decreed that fees received as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11473

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~White~~

3. Date of Birth, July 18th 88

4. Place of Birth, (Street and Number) Maternite 115 N. Lombard st

5. Full Name of Mother, N. L. Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, W. Va.

8. Full Name of Father, ———

[redacted] Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. L. D. E. Rudell, M. D.

Address, Maternite Hospital 115 N. Lombard st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11174

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1906

4. Place of Birth, (Street and Number) 115 N. Loudon Ave.

5. Full Name of Mother, Emma Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. A. V. C. Medd M.D.

Address, Maternity Hospital 115 N. Loudon Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 41175

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 18th 1888.

4. Place of Birth, (Street and Number) #1411 Harford Ave.

5. Full Name of Mother, Annagl Vogl

6. Mother's Maiden Name, " Goetter.

7. Mother's Birthplace, Germany

8. Full Name of Father, Ignatz Vogl.

9. Father's Occupation, Machinist.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Hannah Hellegeist.

Address, #1038 E. Monument St.

Remarks,

ALL BIRTH CERTIFICATES

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 A 1476
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 19/88
4. Place of Birth, (Street and Number)	No 417 N Bond St.
5. Full Name of Mother,	Flamma Holstedt
6. Mother's Maiden Name,	Hergesheimer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Alfred Holstedt
9. Father's Occupation,	Clerk
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington Av.
Remarks,	

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 1888 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 14477

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 19th 1898

4. Place of Birth, (Street and Number) 1210 Division Street

5. Full Name of Mother, Louisa Frederick

6. Mother's Maiden Name, Louisa Burkhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Frederick

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs A Hemmerdel

Address, 920 Mosher street

Remarks,

CC CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A 11476
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 17/88
4. Place of Birth, (Street and Number)	No 522 S. Durham St.
5. Full Name of Mother,	Caroline Mentzel
6. Mother's Maiden Name,	Schmidt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Mentzel
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Knapf.
Address,	No 405 S. Washington St.
Remarks,	

HEALTH DEPARTMENT BALTIMORE AUG 7 1888

Failure to file this certificate for each birth within ten days after the birth occurs renders the parent, physician or midwife liable to a penalty of $20.00, as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11174
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 19 1888
4. Place of Birth (Street and Number),	Pennsylvania ave Baltimore Md
5. Full Name of Mother,	Annie Elizabeth Kaumm
6. Mother's Maiden Name,	Annie Elizabeth Kratz
7. Mother's Birthplace,	Germany Altenstaid
8. Full Name of Father,	Charles Kaumm
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany Togdingshausen
Name of Medical Attendant, or other person who makes this Return.	Mrs M. Maennel
Address,	923 Penna ave
Remarks,	Midwife

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th — A 4480

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19
4. Place of Birth, (Street and Number) 1715 Bank St.
5. Full Name of Mother, Catherine Baden
6. Mother's Maiden Name, Catherine Friedrich
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Baden
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Frank C Bruce

Address, 1713 Bank St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 41181
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	19th July
4. Place of Birth, (Street and Number)	305 Pine St Baltimore
5. Full Name of Mother,	Theresa Iglehart
6. Mother's Maiden Name,	Theresa Luttmann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm T. Iglehart
9. Father's Occupation,	Paper Hanger
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Annie Linder
Address,	N. 116 S. Monroe St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 44462

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 19th 1888
4. Place of Birth, (Street and Number) #924 Hollins St.
5. Full Name of Mother, C. Boehmer.
6. Mother's Maiden Name, Schreffer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Theodore Boehmer
9. Father's Occupation, Plumber
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Hilgeist

Address, #1038 E. Monument St.

Remarks,

jected to the rate of ten (10) dollars for each offence, to be recovered

BALTIMORE

99 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 4183

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 1888
4. Place of Birth, (Street and Number) 1105 Greenmount Ave
5. Full Name of Mother, Pauline B Radcliffe
6. Mother's Maiden Name, " " Dobler
7. Mother's Birthplace, Maryland
8. Full Name of Father, Samuel N. Radcliffe
9. Father's Occupation, Printer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam'l J Bell M.D

Address, 314 N Eutaw St.

Remarks,

report its birth to the Commissioner of Health, or to some person authorized by him to receive such report, within ten days after such birth, and any physician, midwife or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 4 4 84

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, July 20th 1884.
4. Place of Birth, (Street and Number) #836 N. Front St.
5. Full Name of Mother, Mary Seibert.
6. Mother's Maiden Name, Burns.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Casper Seibert.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Dillegeit

Address, #1036 E Monument St.

Remarks,

AUG 11 1884

jected to the fine of ten (10) dollars for each and every

60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 41165

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 21st of July.
4. Place of Birth, (Street and Number) 307 Scott St Balto City
5. Full Name of Mother, Val. Klatt.
6. Mother's Maiden Name, Salinska
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Klatt
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, H. Dunker Midwife
    Address, H. Klatt. 307 Scott St. Baltimore Md
    Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

L. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4486

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

Sex, (state whether male or female) Female.

2. Race or color, (if not of the white race) White

3. Date of Birth, July 21st 1888

4. Place of Birth, (Street and Number) 910 Ridgely St

5. Full Name of Mother, Mary Gross.

6. Mother's Maiden Name, Mary Gotte

7. Mother's Birthplace, Baltimore County Md.

8. Full Name of Father, John Richard Gross

9. Father's Occupation, Packer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangar

Address, 711 East St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd. A. 41167
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 21 st. 1886
4. Place of Birth, (Street and Number)	326 Norris street
5. Full Name of Mother,	Eliza Bergener
6. Mother's Maiden Name,	Eliza Surarlly.
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Emanuel Surarlly
● Father's Occupation,	Box Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Leman
Address,	339 Hardgear st
Remarks,	Fine healthy child

for each offense to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14426

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Colored
2. Race or color, (if not of the white race)	male
3. Date of Birth,	1822 Elliny st
4. Place of Birth, (Street and Number)	July 22nd 1888
5. Full Name of Mother,	Emery Wales
6. Mother's Maiden Name,	
7. Mother's Birthplace,	maryland
8. Full Name of Father,	Lee Wales
9. Father's Occupation,	Porter
10. Father's Birthplace,	maryland
Name of Medical Attendant, or other person who makes this Return.	Hester Clarence
Address,	509 Parkin st
Remarks,	

any such person or persons ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 22 A 4489
Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	W
3. Date of Birth,	July 22 1888
4. Place of Birth, (Street and Number)	1821 Hanemann Ave
5. Full Name of Mother,	Barbara Vitali
6. Mother's Maiden Name,	" " Bursik
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Joseph Vitali
9. Father's Occupation,	Taylor
Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return	Josephine (illegible)
Address,	1621 Barnes
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, BALTIMORE CITY

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3A 4470

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, July 22/88

4. Place of Birth, (Street and Number) No 2027 Bank St.

5. Full Name of Mother, Annie Canle

6. Mother's Maiden Name, McDonagh

7. Mother's Birthplace, Irland

8. Full Name of Father, John Canle

9. Father's Occupation, Laborer

10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks.

HEALTH DEPARTMENT AUG 7 1888 BALTIMORE

Jected to the fine of ten (10) dollars for each offence, and recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Seventh A 11491

1. *Sex,* (*State whether male or female*) Male and Female.
2. *Race or color,* (*if not of the white race*) White.
3. *Date of Birth,* Twenty second of July.
4. *Place of Birth,* (*Street and Number*) 1223 Hare st.
5. *Full Name of Mother,* Agnes Shlozada
6. *Mother's Maiden Name,* Agnes Schwabi.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Meyer Shlozada.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Lurselmann

Address, 1225 Hare st.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th D 14492
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 22 1898
4. Place of Birth, (Street and Number)	No 1133 Barre Street
5. Full Name of Mother,	Mattie Hines
6. Mother's Maiden Name,	Martha Thomson
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Thomson
9. Father's Occupation,	Brick mason.
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Sedack.
Address,	No 285 W Fayette
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like penalty for each offence to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)* A 11493
2. *Sex, (~~state whether male~~ or female)*
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 22nd 1888
5. *Place of Birth, (Street and Number)* 1822 Druid Hill Ave
6. *Full Name of Mother,* Minnie A Addison
7. *Mother's Maiden Name,* Foster
8. *Mother's Birthplace,* Va
9. *Full Name of Father,* Harry C. Addison
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Md
12. *Name of Medical Attendant,* or other Person who makes this Return. Geo H Coyle
13. *Address,* #101 Waverly Terrace
14. *Remarks,*

Co. City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15 1888
BALTIMORE, MD.

A. 41494

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd 1888
4. *Place of Birth (Street and Number)* 1411 Mosher St
5. *Full Name of Mother* Mrs Mary P. Traynor
6. *Mother's Maiden Name* Miss Mary P. Walter
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* James Henry Traynor
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Phila Penn.

Name of Medical Attendant, or other Person who makes this Return. Wm McVickerson M.D.

Address Arlington & Harlem Aves.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14496

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 22nd 1888.
4. Place of Birth, (Street and Number) #806 Stiller St.
5. Full Name of Mother, Mary Martin.
6. Mother's Maiden Name, " Stagmiller.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Martin
9. Father's Occupation, Copper Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hanna Stillquist

Address, #1038 E. Monument St.

Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4496

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 23rd 11
4. Place of Birth, (Street and Number) 1307 Plum Alley Baltimore
5. Full Name of Mother, Margaretth Crowley
6. Mother's Maiden Name, Margaretth Fregan
7. Mother's Birthplace, Kilgobnet Ireland
8. Full Name of Father, Jeremiah Crowley
9. Father's Occupation, Laborer
10. Father's Birthplace, Dunmanway County Cork Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Canal St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 44497
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 23
4. *Place of Birth, (Street and Number)*	910 West Baltimore st
5. *Full Name of Mother,*	Barbara Battiger
6. *Mother's Maiden Name,*	" " Buttner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geo W Battiger
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Suffolk Va
Name of Medical Attendant, or other person who makes this Return,	Mrs A Knowles
Address,	217 N Schroeder st
Remarks,	

child to report the birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A 4494
Sex, (State whether male or female)	Female
Race or color, (if not of the white race)	
Date of Birth,	July 23/88
Place of Birth, (Street and Number)	No 1936 Eastern Ave
Full Name of Mother,	Kate Schonhals
Mother's Maiden Name,	Maggee
Mother's Birthplace,	Baltimore
Full Name of Father,	William Schonhals
Father's Occupation,	Liquor Dealer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington Ave.
Remarks,	

AUG 7 1888 BALTIMORE

Subject to the fine of ten (10) dollars for each of the [illegible] the provisions of which [illegible] and forfeitures are recoverable.

[illegible] CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 4499

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd, 1888

4. Place of Birth, (Street and Number) 121 Warren Ave,

5. Full Name of Mother, Sarah Henrietta Morgan

6. Mother's Maiden Name. Tarleton

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thos. Eugene Morgan

9. Father's Occupation, Builder

10. Father's Birthplace, Cambridge, Md.

Name of Medical Attendant, or other Person who makes this Return. Robert S. Lowe, M.D.

Address, 1017 Light St.

Remarks,

For each offense to be recovered under this Act before any Justice of the Peace, Alderman or City Court, Fifty Dollars.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. ~~4454~~ 4558

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 23rd 88
4. Place of Birth, (Street and Number) 920. W. Baltimore St.
5. Full Name of Mother, Fannie Harris
6. Mother's Maiden Name, Richelson
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Harris
9. Father's Occupation, Show Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Chas A Schwartz

Address, 217 N Schroeder St

Remarks, 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14501

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	23 July 1888
4. Place of Birth, (Street and Number)	W. Mulberry Street 546
5. Full Name of Mother,	~~Mrs. John Caspar~~ Mrs. Brady
6. Mother's Maiden Name,	Maria Magdalene Ready
7. Mother's Birthplace,	Liverpool. England
8. Full Name of Father,	John Caspar Brady
9. Father's Occupation,	Clerk
10. Father's Birthplace,	New York City
Name of Medical Attendant, or other Person who makes this Return.	Dr. Richardson
Address,	80 N. Howard Street
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 4502
Sex, (State whether male or female)	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	July 28 24
4. *Place of Birth, (Street and Number)*	654 Portland st.
5. *Full Name of Mother,*	Katherine Borrman
6. *Mother's Maiden Name,*	" Schell Lauz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Borrman
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	C. L. Buddenbohn
Address,	418 S. Paca st.
Remarks,	

Jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO CITY PRINTERS AND STATIONERS

See 5502-3-4-5-6-7-8-9-10-11-12
Between 4502 and 4513

RETURN O

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d and A 5502

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, July 3, 1888
4. Place of Birth, (Street and Number) # 950 Frederick Ave.
5. Full Name of Mother, Mary A. Hubbard
6. Mother's Maiden Name, " Cunningham
7. Mother's Birthplace, Carroll
8. Full Name of Father, John J. Hubbard
9. Father's Occupation, Cigar manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. F. B. Mullinix M.D.

Address Carroll P.O.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4503

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 23 88
4. Place of Birth, (Street and Number) 1731 Gough St
5. Full Name of Mother, Louisa Levy
6. Mother's Maiden Name, Louisa Stobe
7. Mother's Birthplace, City
8. Full Name of Father, Jacob H. Levy
9. Father's Occupation, Broker
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Frank C Bruce M.D.

Address, 1713 Bank St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
AUG 23 1888
BALTIMORE, MD.

3rd 5503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 6th 1888
4. Place of Birth, (Street and Number) 1224 William St
5. Full Name of Mother, Mary A. Hooper
6. Mother's Maiden Name, Younger
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Wm L. Hooper
9. Father's Occupation, Mariner
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. R. C. Lee

Address, Hanover St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Fourth 14504

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July the 23
4. Place of Birth (Street and Number), 1733 Belair Ave
5. Full Name of Mother, Katherine Ceder
6. Mother's Maiden Name, Katherine Ojunkant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Ceder
9. Father's Occupation, Beer Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Brune.

Address, 1600 N. Chester st near Belair Ave.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

D 65504

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) wht
3. Date of Birth, July 7. 1888
4. Place of Birth, (Street and Number) 1651 E. Monument
5. Full Name of Mother, Elizabeth Lyons
6. Mother's Maiden Name, Morgan
7. Mother's Birthplace, md
8. Full Name of Father, Wm J Lyons
9. Father's Occupation, salesman
10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return. G. Lane Dameshek

Address, 922 Madison ave

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th. A 14505

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 23rd 1887.
4. Place of Birth, (Street and Number) #810 Eastern Ave.
5. Full Name of Mother, Mary Pessagno.
6. Mother's Maiden Name, Croro.
7. Mother's Birthplace, Italy
8. Full Name of Father, M. Pessagno.
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Italy.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Dellegaire

Address, #1038 Monument St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall be in attendance upon the mother, immediately thereafter it shall be the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 55 05

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18 / 08

4. Place of Birth, (Street and Number) 730 Franklin st

5. Full Name of Mother, Mary M. McConnell

6. Mother's Maiden Name, Mary McConnell

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wash J. McConnell

9. Father's Occupation, Carriage Builder

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. M. H. Carter M.D.

Address, 1607 N. Paca St.

Remarks,

dy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14506

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (State whether male or female) male

2. Race or color, (if not of the white race) W

3. Date of Birth, July 23 1888

4. Place of Birth, (Street and Number) Pratt st

5. Full Name of Mother, Josephine Kaplan

6. Mother's Maiden Name, Kola

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Kaplan

9. Father's Occupation, Taylor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine (Mrs) Kaplan

Address, 1621 Bank

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5006

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) wht
3. Date of Birth, July 10. 1888
4. Place of Birth, (Street and Number) 2209 Lemidstill ave
5. Full Name of Mother, Sophie Frick Bloch
6. Mother's Maiden Name, " " Graham
7. Mother's Birthplace, Md
8. Full Name of Father, Andrew F Bloch
9. Father's Occupation, Hay - packer
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. G Lane Dauphin

Address, 922 Mads. ave

Remarks, Primipara: chloroform & instruments
mother & child living.

attendance upon the mother, furnished by the Health Commissioner, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14507

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, July 20rd 1888
4. Place of Birth, (Street and Number) 523 N Front st.
5. Full Name of Mother, Alice Maurer
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Maurer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Ines Hecker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

D 5-5-07

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) wht
3. Date of Birth, July 11 1888
4. Place of Birth, (Street and Number) 306 W. Biddle st
5. Full Name of Mother, Margaret Hecker
6. Mother's Maiden Name, Lyncker
7. Mother's Birthplace, Md.
8. Full Name of Father, John Hecker
9. Father's Occupation, Boiler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. G Lane Dannyhill

Address, 922 Madison ave

Remarks, OTHER NAME ADDED 3-5-53

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, July 24th 1888
4. Place of Birth, (Street and Number) 823 Eastern Ave
5. Full Name of Mother, Fanny Sanbino
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Filip Sanbino
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C Bernstein

Address, 122 S Exeter st

Remarks,

any such person or persons who shall hereafter fail to comply with the [illegible] and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8rd. D 5508
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	Saturday July 14th 1855.
4. Place of Birth, (Street and Number)	~~856~~ 854 N. Amity St.
5. Full Name of Mother,	Julia B. Buck
6. Mother's Maiden Name,	Julia B. Burkirk,
7. Mother's Birthplace,	Ohio,
8. Full Name of Father,	Lewis F. Buck,
9. Father's Occupation,	Furniture Dealer
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St. & Fremont St.
Remarks,	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3d A. 4509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) N

3. Date of Birth, July 24

4. Place of Birth, (Street and Number) 1632 Miller st

5. Full Name of Mother, Lizie Supik

6. Mother's Maiden Name, Svec

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Supik

9. Father's Occupation, Taylor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Jones

Address, 1621 Barnes

Remarks,

Failure to report the above information shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 5509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Was born 24 July 1848
4. Place of Birth, (Street and Number) 725 Grindall Court
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Miss Johnson
7. Mother's Birthplace, Rhode Island
8. Full Name of Father, Jabel Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Miss Margt Gray

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4510

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
Race or color, (if not of the white race)	White
Date of Birth,	July 26/85
Place of Birth, (Street and Number)	612 W. Lexington St.
Full Name of Mother,	Flora Jabro
Mother's Maiden Name,	Kate Austen
Mother's Birthplace,	Canada
Full Name of Father,	R. F. Jabro
Father's Occupation,	Musician
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thos O'Brien M.D.
Address,	600 N. Howard St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) wht
3. Date of Birth, July 23. 1888
4. Place of Birth, (Street and Number) 302 N. Stricker st
5. Full Name of Mother, Kate C Pentz
6. Mother's Maiden Name, Mathews
7. Mother's Birthplace, N. C.
8. Full Name of Father, Thos M Pentz.
9. Father's Occupation, Mercantile traveler
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 922 Madison ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4511
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 29/88
4. Place of Birth, (Street and Number)	No 515 S. Bush St.
5. Full Name of Mother,	Lisbeth Bierken
6. Mother's Maiden Name,	Wanger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Theugust Bierken
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

AUG 7 1888 BALTIMORE MD.

Subject to the fine of ten (10) dollars for each [illegible] Recovered and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5511

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) colt
3. Date of Birth, July 24 1888
4. Place of Birth, (Street and Number) 2103 Jefferson Place
5. Full Name of Mother, Louisa G Johnson
6. Mother's Maiden Name, Powell
7. Mother's Birthplace, Md
8. Full Name of Father, J Thos Johnson
9. Father's Occupation, Grocer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G Lane Tanneyhill

Address, 922 Madison ave.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd 1452
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 24/88
4. Place of Birth, (Street and Number)	No 2613 Canton Ave
5. Full Name of Mother,	Minnie Sapp
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Andreas Sapp
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington Ave.
Remarks,	

BALTIMORE CITY REGISTRY DEPARTMENT AUG 7 1888

jected to the fine of ten (10) dollars for each offence, and all penalties and forfeitures are recoverable.

88 - CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 5-6-12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, July 26

4. Place of Birth, (Street and Number) Liberty st

5. Full Name of Mother, Maria Robinson

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father, Philip Robinson

9. Father's Occupation, Coachman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. M H Carter M.D.

Address, 1807 N. Baltimore St.

Remarks,

or persons who shall be guilty of any fraud or misrepresentation in making any of the returns required by this ordinance, shall be liable to a penalty of not less than five dollars nor more than fifty dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 4513
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 24/28
4. Place of Birth, (Street and Number)	No 526 S. Durham St.
5. Full Name of Mother,	Mary Vendor
6. Mother's Maiden Name,	Kinnemann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Vendor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Norwegen
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Kreft
Address,	OV c 405 S. Washington St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4514

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 24th 1888
4. Place of Birth, (Street and Number)	608 Eutaw st
5. Full Name of Mother,	Dealie Monroe
6. Mother's Maiden Name,	Dealie Bunn
7. Mother's Birthplace,	Hanover County, Va.
8. Full Name of Father,	Wm Monroe
9. Father's Occupation,	Laborer
Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	Hester Colonce
Address,	608 Eutaw st
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45515

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male.

2. Race or color, (if not of the white race)

3. Date of Birth, July 24th 1888

4. Place of Birth, (Street and Number) 1108 Patuxent St

5. Full Name of Mother, Gusta Farby

6. Mother's Maiden Name, Gusta Jinks

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Farby

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hannah Meek.

Address, 1102 Patuxent St

Remarks,

...subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third D 1515

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July the 24

4. *Place of Birth (Street and Number),* 1736 Madison st

5. *Full Name of Mother,* Sadie Barton

6. *Mother's Maiden Name,* Sadie Sherwood

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Engineer Valiton Barton

9. *Father's Occupation,* Milk Dairy

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Brown

Address, 1600 N. Chester St,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45517

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 25 1888
4. Place of Birth, (Street and Number) No 2061 N Henry St
5. Full Name of Mother, Emma ~~E~~
6. Mother's Maiden Name, Emma Grammer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Earl
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1927 W Lombard St

Remarks,

HEALTH DEPARTMENT BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 4-0-18

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 25th 98
4. Place of Birth (Street and Number)	1118 Stiles Street
5. Full Name of Mother	Sarah Madden
6. Mother's Maiden Name	Chapman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Willis Madden
9. Father's Occupation	Undertaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Kinsey M.D
Address	1220 E. Fayette St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ferrall A 4579 1 M
Sex, (state whether male or female)	
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 25 th 1888
4. *Place of Birth, (Street and Number)*	Mount Washington
5. *Full Name of Mother,*	Addie Bastinelli
6. *Mother's Maiden Name,*	Addie Horn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Bastinelli
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Wesenfeld
Address,	622 Mosher street
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 4020

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (State whether male or female) Female.

2. Race or color, (if not of the white race) White

3. Date of Birth, July 25th 1888.

4. Place of Birth, (Street and Number) #1106 Central Av.

5. Full Name of Mother, Ella Mertens

6. Mother's Maiden Name, Snyder.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Mertens

9. Father's Occupation, Baker.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Billegeisy

Address, #1238 E. Monument St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A 4621
Sex, (state whether male or female)	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 25 1888
4. *Place of Birth, (Street and Number)*	712 West St
5. *Full Name of Mother,*	Sarah A Reside
6. *Mother's Maiden Name,*	Sarah A McMenamen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William McMenamen
9. *Father's Occupation,*	Store Keeping
10. *Father's Birthplace,*	Boston Mass
Name of Medical Attendant, or other person who makes this Return.	Abel Bangt
Address,	711 West St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46722

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 26th of July 1888
4. Place of Birth, (Street and Number) No 1921 West Pratt St
5. Full Name of Mother, Carrie Mark
6. Mother's Maiden Name, Carrie Braue
7. Mother's Birthplace, August Mark
8. Full Name of Father, Barber
9. Father's Occupation, Baltimore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumax

Address, No 1927 W Lombard St

Remarks,

jected to the fine of ten (10) dollars for each offense, and be recovered as penalties and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three A. 4523

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) C

3. Date of Birth, July 26 1[illegible]

4. Place of Birth, (Street and Number) Cremealy No 204

5. Full Name of Mother, Coram Johnson

6. Mother's Maiden Name, Coram Thomson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Johnson

9. Father's Occupation, Brickmaker

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return, annia M dames

Address, No 17 hanger St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45224

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, July 26th 1888
4. Place of Birth, (Street and Number) 120 Park st.
5. Full Name of Mother, Garnet Dennisa
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, John Dennisa
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth. A 45225

Sex, (State whether male or female) Male.

2. Race or color, (if not of the white race) White

3. Date of Birth, July 26, 1888.

4. Place of Birth, (Street and Number) 401 N. Schroeder Street.

5. Full Name of Mother, Catherine M. Conlon.

6. Mother's Maiden Name, Catherine M. Corgan.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Andrew J. Conlon.

9. Father's Occupation, Printer

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs Dawson

Address, 211 N. Gaudin St

Remarks,

jected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

00. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 4520
1. Sex (~~state whether~~ male ~~or female~~),	
2. Race or Color (~~if not~~ of the white race),	
3. Date of Birth,	July 26th 1888
4. Place of Birth (Street and Number),	1008 Argyle Ave
5. Full Name of Mother,	Alma Fredericka Burns
6. Mother's Maiden Name,	Gaehle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Wood Burns
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	Elias C Price M.D.
Address,	933 Madison Ave
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4552
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26th
4. *Place of Birth, (Street and Number)*	525 Washington st
5. *Full Name of Mother,*	Agnes V. Robinson
6. *Mother's Maiden Name,*	" " Follet
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	George F. Robinson
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Kansas
Name of Medical Attendant, or other Person who makes this Return.	John Ayd MD
Address,	1937 E. Monument st
Remarks,	

For each omission to be recovered as other fines and forfeitures are recovered.

., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4578

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* colord
3. *Date of Birth,* 26 of July 1888
4. *Place of Birth (Street and Number),* 180 Ward street
5. *Full Name of Mother,* Annie Neal
6. *Mother's Maiden Name,* Annie Robison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Steaven Robison
9. *Father's Occupation,* Oyster shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 1049 South howard street

Remarks,

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 4029

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 26 th 1888
4. Place of Birth, (Street and Number) 2724 Boston St
5. Full Name of Mother, Maggie Omssen
6. Mother's Maiden Name, M. Fisk
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Omssen.
9. Father's Occupation, Laborer
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return. H. Meek

Address, 1102 Patuxent St

Remarks,

...ected to the like of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 4030

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 26th 1888
4. Place of Birth, (Street and Number) 2912 Hudson St
5. Full Name of Mother, Emma Sclelesinger
6. Mother's Maiden Name, E. Brill
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Sclelesinger
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. Meek

Address, 1102 Patuxent St

Remarks,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 41531

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4/7

1. *Sex (state whether male or female),* "

2. *Race or Color (if not of the white race),* "

3. *Date of Birth,* July 26 1888

4. *Place of Birth (Street and Number),* 833 w chase

5. *Full Name of Mother,* Anna Hope Dunn

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Bal"

8. *Full Name of Father,* James Dunn

9. *Father's Occupation,* clerk

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. C B Gamble MD

Address, 921 Cathedral

Remarks,

Any person required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11532

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colord
3. Date of Birth, 26 of July 1888
4. Place of Birth (Street and Number), X 110 Warner street
5. Full Name of Mother, Mathias Robison
6. Mother's Maiden Name, Mathas Pembleton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Pembleton
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 1049 S. Howard street

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45533

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 26 July
4. Place of Birth, (Street and Number) 210 N. Bethel st
5. Full Name of Mother, Theresa Wilson
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Wilson
9. Father's Occupation, Butcher
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland st

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 — A 45534

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 27th 1911

4. *Place of Birth (Street and Number),* 1811 Eagle St

5. *Full Name of Mother,* Alice Young

6. *Mother's Maiden Name,* Alice Williams

7. *Mother's Birthplace,* Columbia

8. *Full Name of Father,* Gottlib Young

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Lancaster

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumay

Address, No 1927 W Fremland St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4535

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 27th 1888
4. Place of Birth, (Street and Number)	920 Moore Alley
5. Full Name of Mother,	Emma Williams
6. Mother's Maiden Name,	Emma Brown
7. Mother's Birthplace,	Balto. md.
8. Full Name of Father,	Wm Williams
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto. md.
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	509 Preston st
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

60 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. A 4636

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 27th of July.
4. Place of Birth, (Street and Number) Aisquith st. 1237.
5. Full Name of Mother. Agnes Golembiewski.
6. Mother's Maiden Name. Agnes Piatowski.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Golembiewski.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Lissemann.

Address, No 1225 Aisquith st.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 4537
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 27th.
4. Place of Birth, (Street and Number)	926 Mulberry st
5. Full Name of Mother,	Julia Heldman
6. Mother's Maiden Name,	" Weber
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Heldman
9. Father's Occupation,	Cabinet Maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	C. L. Bruddenbaugh
Address,	418 S. Paca st.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 45385

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 27th 1888.

4. Place of Birth, (Street and Number) 1157 York Road

5. Full Name of Mother, Maggie Stumpfell

6. Mother's Maiden Name, Maggie Stumpfell

7. Mother's Birthplace, Md.

8. Full Name of Father, Albert Stumpfell

9. Father's Occupation, Car driver

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. F. Hartwell

Address, 1137 York Road Towanda

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 45539

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Light Brown

3. *Date of Birth,* July 27-1888

4. *Place of Birth, (Street and Number)* Plum Alley 918

5. *Full Name of Mother,* Mrs Julia Patterson

6. *Mother's Maiden Name,* Julia ward

7. *Mother's Birthplace,* Marchatel, md

8. *Full Name of Father,* Louis Hamberson

9. *Father's Occupation,* Brick Layer

10. *Father's Birthplace,* Colbert, Ga

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, water Patterson 110 China St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 46540

of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) colored

3. *Date of Birth* June 27th 88

4. *Place of Birth* (Street and Number) 704 Bloodgood bet Lanvale & Preston

5. *Full Name of Mother* Kinna Lee "Mrs John Cooper

6. *Mother's Maiden Name* Lee

7. *Mother's Birthplace* Louisiana

8. *Full Name of Father* John Cooper

9. *Father's Occupation* Waiter-Penn R. R. Co

10. *Father's Birthplace* Va.

Name of Medical Attendant, or other Person who makes this Return Dr. Winsey M.D

Address 1220 E. Fayette st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 4541
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	W.
3. Date of Birth,	July 27 1888
4. Place of Birth, (Street and Number)	178 Lancaster st
5. Full Name of Mother,	Johanna ~~Student~~ Frick
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	William Frick
9. Father's Occupation,	Capitain
Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4072

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, July 27th 1888
4. Place of Birth, (Street and Number) 6 Lombard st.
5. Full Name of Mother, Rebecca Pinnemon
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Pinnemon
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs C. Bernstein

Address, 122 S Exeter st.

Remarks,

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 40543

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 July 1888
4. Place of Birth, (Street and Number) 234 N. Fremont
5. Full Name of Mother, Johanna Maria Louisa Korlebein
6. Mother's Maiden Name, " " " Engelhaupt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Louis Korlebein
9. Father's Occupation, Marble Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna A Hunter

Address, 217 N Schroeder St

Remarks,

A. GO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Frank Blase Rada 4th A 45744

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W.
3. Date of Birth, July 28 1888
4. Place of Birth, (Street and Number) 1646 Abbott
5. Full Name of Mother, Josephine Rada
6. Mother's Maiden Name, " Bohemia Vondracek
7. Mother's Birthplace, Rada
8. Full Name of Father, Venceslaus Rada
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 + 5 11 1X only A 45245

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) light brown skin

3. Date of Birth, dated as July 28

4. Place of Birth, (Street and Number) Italy between milbon and 511

5. Full Name of Mother, Sallie Hill Saunder Barry st

6. Mother's Maiden Name, Sallie Jones Parker

7. Mother's Birthplace, Saltbonte

8. Full Name of Father, William Parker

9. Father's Occupation, driver

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return annie Jones 103

Address, did not need no doctor

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first A 4546

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 28 1888

4. Place of Birth (Street and Number), 628 Brune St

5. Full Name of Mother, Alice Elizabeth Hammond

6. Mother's Maiden Name, " " Orendorff

7. Mother's Birthplace, Finksburg Carroll Co Md

8. Full Name of Father, Calvin Cramer Hammond

9. Father's Occupation, News Paper business

10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 212 Franklin St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A 45747
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	Col'd
3. Date of Birth,	June 22 1899
4. Place of Birth, (Street and Number)	730 North Bond Street
5. Full Name of Mother,	Carolin Hill
6. Mother's Maiden Name,	Carolin Davis
7. Mother's Birthplace,	Anarundal County
8. Full Name of Father,	Lucius Hill
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Anarundal County
Name of Medical Attendant, or other Person who makes this Return.	Louisa Smith
Address,	1442 Block St
Remarks,	Dr Sims

for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 45748

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 27th of July 1888
4. *Place of Birth (Street and Number),* 205 S Fulton St
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Mary Wasselberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Miller
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumay

Address, No 1927 W Lombard St

Remarks,

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First D. 4549

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth. July 22. 1888

4. Place of Birth, (Street and Number) 342 Bible alley

5. ~~Full Name of Mother.~~ Henrietta Hill Coleman

6. Mother's ~~Maiden Name~~, Do

7. Mother's Birthplace, Bath Va.

8. Full Name of Father, George Coleman

9. Father's Occupation, Laborer

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Dr. C. Turner Hall

Address, 1134 Lancaster

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11560

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 29 1898
4. Place of Birth, (Street and Number)	Colvin St No 42
5. Full Name of Mother,	Annie Jarvath
6. Mother's Maiden Name,	Annie Yanskiw
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Jarvath
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Lemmon St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest Oliver Ulrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 29 1888.
4. Place of Birth, (Street and Number)	693 Fort Av.
5. Full Name of Mother,	Lizzie Ulrich
6. Mother's Maiden Name,	Brendel
7. Mother's Birthplace,	America
8. Full Name of Father,	Frank Ulrich
9. Father's Occupation,	Glass-blower
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J Lohrmann Midwife
Address,	1032 Hanover st
Remarks,	GIVEN NAME ADDED 6-19-52 L.M.

4551

Refer to the back of this the number for each district, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-11-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora E. ~~Bockelmann~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 4652

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race).
3. Date of Birth, 28th July.
4. Place of Birth, (Street and Number) 503 Wyeth st.
5. Full Name of Mother, Annie Catherine Bockelmann.
6. Mother's Maiden Name, Annie Catherine Arndt
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, George Albert Bockelmann.
9. Father's Occupation, Saddler & Harness Maker.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this return. Mrs Lelach

Address, 735 N Pratt st

Remarks.

HEALTH DEPARTMENT BALTIMORE MD

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3A 4533

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 30/88

4. Place of Birth, (Street and Number) No 914 S. Dungan Alley

5. Full Name of Mother, Lisbetha Miller

6. Mother's Maiden Name, Stern

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

80, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 46574

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 30th 1888
4. Place of Birth, (Street and Number) #645 Ensor St
5. Full Name of Mother, Maggie Harrison.
6. Mother's Maiden Name, Savage.
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Wm Harrison.
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Miss Lena Hillegeist

Address, #1037 E Monument St

Remarks,

any such person or persons who shall hereafter fail to comply with the ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. OO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4555

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 30th 1888
4. Place of Birth, (Street and Number)	930 Mosher alley
5. Full Name of Mother,	Annie Carroll
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Thad Carroll
9. Father's Occupation,	Laborer
Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	505 Preston st
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child. 4556
1. Sex, (state whether male or female)	Male.
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 30 — 1888.
4. Place of Birth, (Street and Number)	1145 Hanover st
5. Full Name of Mother,	Mary Conlin
6. Mother's Maiden Name,	Sadden.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Nicholas Conlin
9. Father's Occupation,	Can maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrwasser. Midwife.
Address,	1032 Hanover st
Remarks,	

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4557

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 30th of July
4. *Place of Birth, (Street and Number)* No 814 S. Paca St
5. *Full Name of Mother,* Amelia Sophie Stewart
6. *Mother's Maiden Name,* Amelia Sophie Winkelman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Frederick Stewart
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Cross St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4533

of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 30 1888
4. Place of Birth, (Street and Number) 306 Lanvale st
5. Full Name of Mother, Nellie Eaeta Hodgdon
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Frank Pierce Hodgdon
9. Father's Occupation, Canvasser.
10. Father's Birthplace, New Hampshire

Name of Medical Attendant, or other Person who makes this Return. Harvey Hill M.D.

Address, 80 Arlington ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Section, shall for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4559

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 30th 1888.
4. Place of Birth, (Street and Number) 1246 Barclay St. Town
5. Full Name of Mother, Maggie Harryman
6. Mother's Maiden Name, Maggie Edwards
7. Mother's Birthplace, Va.
8. Full Name of Father, Robert Harryman
9. Father's Occupation, Car driver
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J B Hartwell

Address, 1187 York Road Town

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

60 . CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-15-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother (state whether 1st, 2d, 3d, &c.) Marie Augusta Kroneberger 1st. A. 4560

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, July 21st 1888
4. Place of Birth, (Street and Number) 7 W. Barre St.
5. Full Name of Mother, Sophia Kroneberger
6. Mother's Maiden Name, " Hamacher.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Edmund F. Kroneberger.
9. Father's Occupation, Shoe-maker.
10. Father's Birthplace, Petersburg Va

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall M.D.

Address, 524 Baltimore St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4561

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) Third

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 31st 1898

4. Place of Birth, (Street and Number) No 1117 N. Mount St.

5. Full Name of Mother, Mrs Emma Amelia Herring

6. Mother's Maiden Name, " " Webb

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Clarence Howard Herring

9. Father's Occupation, Carpet Business

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, 1431 Linden Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elsie Katie Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fourth A 4562

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 31 July -
4. Place of Birth (Street and Number), Edair Ave No 7
5. Full Name of Mother, Dora (Smith) Schmidt
6. Mother's Maiden Name, Dora Gruder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustave (Smith) Schmidt
9. Father's Occupation, Fresco Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bruni

Address, 1610 Eastern st

Remarks,

for each offence, to be recovered as [illegible]

[illegible]ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th A 4503

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July 1888
4. Place of Birth, (Street and Number) 1022 Maiden St.
5. Full Name of Mother, Mary Schroder
6. Mother's Maiden Name, Mary Mardage
7. Mother's Birthplace, Burg – Prussia
8. Full Name of Father, George Schroder
9. Father's Occupation, Gardener
10. Father's Birthplace, Hildburghausen / Germany /

Name of Medical Attendant, or other Person who makes this Return. Dr Reinhold

Address, 120 N. Howard St. cor

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4564

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 fifth
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	31st of July
4. Place of Birth, (Street and Number)	Balto. Md. 941 Saratoga St
5. Full Name of Mother,	Katie Whitney
6. Mother's Maiden Name,	Katie Huetner
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Richard Henry Whitney.
9. Father's Occupation,	Painter.
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return	Jno A Chandler
Address,	217 N Schroeder St
Remarks.	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00.—CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 [illegible] 4566

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, July 6/88

4. Place of Birth, (Street and Number) No 2000 Eastern Ave

5. Full Name of Mother, Louise Weitzel

6. Mother's Maiden Name, Keidel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Weitzel

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT AUG 1888 BALTIMORE MD

jected to the fine of ten (10) dollars for each offence, and recovered as other fines and forfeitures are recoverable.

80 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child. A. 4566

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3th 1888

4. Place of Birth, (Street and Number) Antlers Str. No: 1426.

5. Full Name of Mother, W. Schlarett.

6. Mother's Maiden Name, W. Weckley

7. Mother's Birthplace, Anclam Germany.

8. Full Name of Father, C. Schlarett.

9. Father's Occupation, Laborer

10. Father's Birthplace, Celele Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzi Schaffer

Address, Fortelve 1708 Locust Point

Remarks,

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d first A 4067
Sex, (state whether male or female)	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 3 th
4. *Place of Birth, (Street and Number)*	Baltimore 1238 Ridgely St
5. *Full Name of Mother,*	Bertha Miller
6. *Mother's Maiden Name,*	Bertha Heertwig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Freidrick Miller
9. *Father's Occupation,*	Shoe maker
10. *Father's Birthplace,*	Bremen
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Lewis St.
Remarks,	

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are Recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A 4568
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 4/88
4. Place of Birth, (Street and Number)	No 731 S. Ann St.
5. Full Name of Mother,	Rosa Cortes
6. Mother's Maiden Name,	Wedamsky
7. Mother's Birthplace,	Polen
8. Full Name of Father,	August Cortes
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington Ln.
Remarks,	

Jected to the fine of ten (10) dollars for each offence, and not exceeding fifty dollars, and to other fines and forfeitures are recoverable.

BOARD OF HEALTH

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH AUG 1 1888 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 4569
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	July 5/88
4. *Place of Birth, (Street and Number)*	No 214 Madeira Alley
5. *Full Name of Mother,*	Mary Thele
6. *Mother's Maiden Name,*	Maier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Edward Thele
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

BC., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child A 4570
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 5th 1888
4. Place of Birth, (Street and Number)	Corner Saratoga and Pine St.
5. Full Name of Mother,	Mary Lizzie Seitz
6. Mother's Maiden Name,	" " " Flohrd.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Seitz
9. Father's Occupation,	Clerk
Father's Birthplace,	Carlisle Pa.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe St.
Remarks,	

any such person or persons who shall neglect or refuse to comply with the provisions of this ordinance, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White.

3. Date of Birth, July 5-th 1888.

4. Place of Birth (Street and Number), #418 N. Front St

5. Full Name of Mother, Mary E Miller.

6. Mother's Maiden Name, " Burns.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Albert Miller.

9. Father's Occupation, Scritchman

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. MacDonald Gillespie

Address, #1138 E. Monument St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4672

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 6th
4. Place of Birth, (Street and Number)	439 Ostend St
5. Full Name of Mother,	Annie Haley
6. Mother's Maiden Name,	" Conway
7. Mother's Birthplace,	City
8. Full Name of Father,	Martin Haley
9. Father's Occupation,	Labor
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	L.C. Bruce M.D
Address,	511 Hanover St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 11 1888
BALTIMORE, MD.

A 4673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 6th 1888
4. *Place of Birth (Street and Number)* 919 Milton Pl.
5. *Full Name of Mother* Mrs Rebecca G. Stewart
6. *Mother's Maiden Name* Miss Rebecca G. Fowler
7. *Mother's Birthplace* Middletown N. Y.
8. *Full Name of Father* John A. Stewart
9. *Father's Occupation* Painter & Paperhanger
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. R. McNicholson M.D.
Address Arlington & Harlem Aves.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 6th 1888

4. Place of Birth (Street and Number), #1502 E. Monument St.

5. Full Name of Mother, Mary M. Reuter.

6. Mother's Maiden Name, " " Rentz.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Reuter.

9. Father's Occupation, Dyer & Scourer.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

who shall forge or alter or cause to be forged or altered any such certificate, or who shall wilfully make any false statement in any certificate required by this act, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A. 4575

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, 7/7/88

4. Place of Birth, (Street and Number) 914 warner st

5. Full Name of Mother, Maggie Cogswell

6. Mother's Maiden Name, " " Swan

7. Mother's Birthplace, Balto

8. Full Name of Father, John C Cogswell

9. Father's Occupation, Driver

10. Father's Birthplace, virginia

Name of Medical Attendant, or other person who makes this Return. Alois Bangert

Address, 711 Grove St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 A 4576
2. *Sex, (State whether male or female)* Female
3. *Race or color, (if not of the white race)*
4. *Date of Birth,* July 7/88
5. *Place of Birth, (Street and Number)* No 423 Eastern Ave
6. *Full Name of Mother,* Mary Barton
7. *Mother's Maiden Name,* Dasi
8. *Mother's Birthplace,* England
9. *Full Name of Father,* Edward Barton
10. *Father's Occupation,* Musicker
11. *Father's Birthplace,* Philadelphia
12. *Name of Medical Attendant,* or other person who makes this Return. Mrs. Louise Knapp.
13. *Address,* No 405 S. Washington Ld,
14. *Remarks,*

HEALTH DEPT. AUG 7 1888 BALTIMORE, MD.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 4577
Sex, (State whether male or female)	Female
Race or color, (if not of the white race)	
Date of Birth,	July 7/88
Place of Birth, (Street and Number)	No 244 Patterson Park Ave
Full Name of Mother,	Kate Georgi
Mother's Maiden Name,	Weber
Mother's Birthplace,	Baltimore
Full Name of Father,	John Georgi
Father's Occupation,	Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington Av.
Remarks,	

AUG 7 1888 HEALTH DEPT. BALTIMORE MD.

jected to the fine of ten (10 dollars for each offence, and all fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 41578

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White

3. Date of Birth, July 7th. 1888.

4. Place of Birth (Street and Number), #1040 W. Lombard St

5. Full Name of Mother, Mary C. O'Brien

6. Mother's Maiden Name, " Steadman

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John C. O'Brien.

9. Father's Occupation, Tight watchman.

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. Geo. Millegist

Address, #1038 E. Monument St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A 4679
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 8/88
4. Place of Birth, (Street and Number)	No 1020 Eastern Ave
5. Full Name of Mother,	Mary Matteisen
6. Mother's Maiden Name,	Eberkreier
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Konrad Matteisen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 E. Washington St.
Remarks,	

jected to the fine of ten (10) dollars, as prescribed by Ordinance, and recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR'S DEPARTMENT AUG 7 1888

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

NAME ADDED 11-13-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Richard William Scott

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8 1858
4. *Place of Birth, (Street and Number)* No 611 Forest
5. *Full Name of Mother,* Susan Scott
6. *Mother's Maiden Name,* Susan Cornelius
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Scott
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 102 Franklin

Remarks,

A 4580

BOARD DEPARTMENT OF HEALTH BALTIMORE, MD.

or persons who shall neglect this duty shall forfeit not less than ... nor more than ... for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child A. 4581
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 8th 1888
4. Place of Birth, (Street and Number)	1409 Pratt St.
5. Full Name of Mother,	Mary Mank
6. Mother's Maiden Name,	" " Kruger
7. Mother's Birthplace,	Stelingen.
8. Full Name of Father,	Joseph Mank.
9. Father's Occupation,	Schuemaker
Father's Birthplace,	Euchtmint
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	N. 106 S. Monroe St.
Remarks,	

any such person or persons who shall [illegible] and be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A4582

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, July 1.

4. Place of Birth, (Street and Number) 669 Fairland Street

5. Full Name of Mother, Clara Ackelmann

6. Mother's Maiden Name, Clara Juergens

7. Mother's Birthplace, Oldenburg Germany

8. Full Name of Father, Bernhard H. Ackelmann

9. Father's Occupation, Jewelry Case Maker

10. Father's Birthplace, Hamburg Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Selak

Address, 735 N. Fait

Remarks,

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 4583
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 9/88
4. Place of Birth, (Street and Number)	No 1008 Eastern Ave
5. Full Name of Mother,	Kate Dietz
6. Mother's Maiden Name,	Klemendinger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Friedrich Dietz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington Ave.
Remarks,	

BALTIMORE BOARD OF HEALTH AUG 7 1888 BALTIMORE C

jected to the fine of ten (10) Dollars for each offence to be sued for and recovered as other fines and forfeitures are recoverable.

90 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46814

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (State whether male or female) Girl.

2. Race or color, (if not of the white race) White race.

3. Date of Birth, 1 of July.

4. Place of Birth, (Street and Number) In Baltimore. Portland St No 636.

5. Full Name of Mother, Mrs Henrietta Hof.

6. Mother's Maiden Name, Henrietta Thiencke.

7. Mother's Birthplace, In Baltimore.

8. Full Name of Father, Mr Henry Hof.

9. Father's Occupation, Hack Driver.

10. Father's Birthplace, In Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mr Schenck 735 N. Fr. St.

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

08 . CITY PRINTERS AND STATIONERS

Missing # A 4585 + # A 4586,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4587

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	May 10th
4. Place of Birth, (Street and Number)	1001 W Cross St
5. Full Name of Mother,	Mary Ruiz
6. Mother's Maiden Name,	" Pascal
7. Mother's Birthplace,	City
8. Full Name of Father,	Wm A. Ruiz
9. Father's Occupation,	Grocer
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L C Burns M D
Address,	511 Hanover St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3A 4588

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, July 10/88

4. Place of Birth, (Street and Number) No 321 S. Wolf St

5. Full Name of Mother, Louise Verges

6. Mother's Maiden Name, Krold

7. Mother's Birthplace, Germany

8. Full Name of Father, John Verges

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT, AUG 1888 BALTIMORE

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 7 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D 4584

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, July 10/88
4. Place of Birth, (Street and Number) No 1624 Eliz. Town St.
5. Full Name of Mother, Maggie Dittmann.
6. Mother's Maiden Name, Tersahead
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Dittmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

...00, CITY PRINTERS AND STATIONERS

Any such person of persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d A. 47570
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 18th
4. Place of Birth, (Street and Number)	634 Lee st.
5. Full Name of Mother,	Margaret Christian
6. Mother's Maiden Name,	" Cairney
7. Mother's Birthplace,	Allegheny County,
8. Full Name of Father,	Wm Gentner
9. Father's Occupation,	Carpenter
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return	J. C. Bunce M.D.
Address,	511 Hanover st
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. 00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4591

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 2. 91
4. Place of Birth, (Street and Number)	733 Chestnut Alley
5. Full Name of Mother,	Lenecta Carter
6. Mother's Maiden Name.	..... Lewis
7. Mother's Birthplace,	Warsaw Richmond Co Va
8. Full Name of Father,	Presly Carter
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Warsaw Richmond Co Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

jected to the fine of ten dollars for each offence to be recovered as other fines are recoverable.

...O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Henry ~~Frederick~~ Smith A4592

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (State whether male or female) Male
3. Race or color, (if not of the white race) White
4. Date of Birth, July 2nd 1881
5. Place of Birth, (Street and Number) 1432 Monument St
6. Full Name of Mother, Caroline Smith
7. Mother's Maiden Name, " Engelhardt
8. Mother's Birthplace, Baltimore.
9. Full Name of Father, Henry Smith
10. Father's Occupation, Cutter
11. Father's Birthplace, Baltimore.
12. Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Burt.
13. Address, 1245 Monument St cor. Central av.
14. Remarks, All Well

BALTIMORE MD.

any such person or persons who shall hereafter fail to make the above Return, as this section shall be subjected to the fine of ten (10) dollars for each offence. The above penalties are recovered as other fines and forfeitures are recoverable.

& CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4593

1. ... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. ..., (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3rd '88
4. Place of Birth, (Street and Number) 941 W Franklin St.
5. Full Name of Mother, Kate W. Sinclair
6. Mother's Maiden Name, Kate W. Montgomery
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chas W. Sinclair
9. Father's Occupation, Policeman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M D

Address, 639 Franklin St

Remarks,

...report the birth to the Commissioner of Health, in the manner ... and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject ... for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

...A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45-94

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 3d, 1888.
4. Place of Birth, (Street and Number) 306, Chestnut Ave.
5. Full Name of Mother, Florence Mae Draw Webb.
6. Mother's Maiden Name, " " Childs ~~Williams~~
7. Mother's Birthplace, Balto. County, Md.
8. Full Name of Father, Edward C. Webb
9. Father's Occupation, Machinist
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, Box 6, Hampden P.O.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 45795
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	14 July 184
4. Place of Birth, (Street and Number)	Hemmemans Ave
5. Full Name of Mother,	Annie Stolz
6. Mother's Maiden Name,	" Graff
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wigant Stolz
9. Father's Occupation,	Packer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Julia Greany
Address,	910 N Gay st
Remarks,	

Any person who shall neglect to make the return required by this section shall be subjected to the first offense to a fine of ten dollars for each offense, to be recovered before any justice of the peace of Baltimore City, on the complaint of the Board of Health, and in addition thereto shall forfeit the sum of ten dollars for each offense, to be recovered as debts of like amount are now recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W596

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 5th
4. Place of Birth, (Street and Number)	1432 Orlheney st
5. Full Name of Mother,	Catherine Beard
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Beard
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greeny
Address,	1940 N Gay st
Remarks,	

Subject to the fine of ten or twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 45787
Sex. (State whether male or female)	Female
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	July 5th 1888
4. *Place of Birth, (Street and Number)*	1724 Orleans St.
5. *Full Name of Mother,*	S. Klingelberg
6. *Mother's Maiden Name,*	S. Magnus
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Klingelberg
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt.
Address,	1245 Monument St. Cor Central av
Remarks,	All Well.

HEALTH DEPARTMENT BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~1~~ 4th A. 4598
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 5th 1898
4. Place of Birth, (Street and Number)	870 Webster St.
5. Full Name of Mother,	Mary Hall
6. Mother's Maiden Name,	Mary Gutman.
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Samuel Hall
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore County.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Burns
Address,	1245 Monument St cor Central av.
Remarks,	All Well.

3

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction. All other fines and forfeitures are recoverable

BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4599

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 88

4. Place of Birth, (Street and Number) 1201 E. Lombard

5. Full Name of Mother, Emma Victoria Harrod

6. Mother's Maiden Name, Wrighton

7. Mother's Birthplace, City

8. Full Name of Father, William Thomas Harrod

9. Father's Occupation, Porter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. L. Brown M.D.

Address, 1835 E. Balto. St.

Remarks,

BALTIMORE

...with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4600

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child A. ~~4649~~

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 6th of July.
4. *Place of Birth (Street and Number),* Canton avenue. 2212.
5. *Full Name of Mother,* Annie Trebuhl.
6. *Mother's Maiden Name,* Annie Doms.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* August Trebuhl.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Linsenmann.

Address, No 1225 Lane st.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 4601

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 7, 1888.
4. Place of Birth, (Street and Number) 51 Brick Hill, Mt. Vernon.
5. Full Name of Mother, Maggie Lepp.
6. Mother's Maiden Name, Maggie Bowling
7. Mother's Birthplace, Va.
8. Full Name of Father, William B. Lepp.
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~Baltimore~~ Co. Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, Box 6, Hampden P.O.

Remarks,

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS AUG 6 1888

Penalty for making false statements, or for neglecting to make returns as required by law, is $20 to $100, and forfeitures are recoverable as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4602
Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 8th 1888
4. Place of Birth, (Street and Number)	1009 Asquith St.
5. Full Name of Mother,	Maggie Keigh
6. Mother's Maiden Name,	Maggie Barnes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Otis Keigh
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. L Butt.
Address,	1245 Monument St. cor Central av.
Remarks,	All Well.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A 4603
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 8th, 1885
4. *Place of Birth, (Street and Number)*	No. 0366 Parish street
5. *Full Name of Mother,*	Amelia Johnson
6. *Mother's Maiden Name,*	Amelia Jenkey
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Felix Johnson
9. *Father's Occupation,*	Laborer for B. & O. R. Road
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Leman
Address,	No. 339 Hardgrave street
Remarks,	Very delicate child

Penalties and Forfeitures.

CERTIFICATE CORRECTED 1-27-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ella Grace Souders

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 4604
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 8th 1888
4. Place of Birth, (Street and Number)	715 Liberty alley
5. Full Name of Mother,	Alice ~~Souders~~
6. Mother's Maiden Name,	Alice Angel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. ~~Souders~~ Souders
9. Father's Occupation,	Laboror
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1245 Monument St. cor Central av.
Remarks,	All Well.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Jewish
3. Date of Birth, 9 July
4. Place of Birth, (Street and Number) 603 S. Broadway
5. Full Name of Mother, Annie Krulawitch
6. Mother's Maiden Name, Barnett
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Isaac Krulawitch
9. Father's Occupation, Clothing Store
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address. 1902 Kolbard St

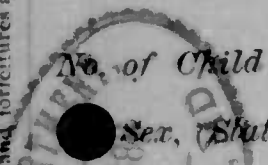
Remarks,

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 4606
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 9th 1888
4. Place of Birth, (Street and Number)	426 Eager & Clifford St.
5. Full Name of Mother,	Mary Davis
6. Mother's Maiden Name,	Mary Curby
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Davis
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Butt
Address,	1245 Monument St. cor Central av.
Remarks,	All Well.

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 10-8-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline L. Louise Schmidt

A 46607

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 9th 1888
4. Place of Birth, (Street and Number)	12.7 Central Ave
5. Full Name of Mother,	12.7 Central Ave Emelia ~~Smith~~ Schmidt
6. Mother's Maiden Name,	" Conrad
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John C ~~Smith~~ Schmidt
9. Father's Occupation,	Taylor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gruny
Address,	940 N Gay st
Remarks,	

HEALTH DEPARTMENT AUG. 6 1888 BALTIMORE, MD.

jected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 4608
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 10th
4. Place of Birth, (Street and Number)	1616 E Eager st
5. Full Name of Mother,	Mary Heise
6. Mother's Maiden Name,	" Berouck
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Heise
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	

HEALTH DEPARTMENT BALTIMORE CITY

jected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Dto. A 4609
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 6th 1888
4. Place of Birth, (Street and Number)	184 Chase St.
5. Full Name of Mother,	Mary Duffy
6. Mother's Maiden Name,	Mary Gaines
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	F. Duffy
9. Father's Occupation,	Lawyer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. J Butt
Address,	1245 Monument St. cor Centre
Remarks,	All Well.

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH AUG 6 1888 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 4610
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 11 the 1888
4. Place of Birth, (Street and Number)	743 Dew Alley
5. Full Name of Mother,	Delia Lewis
6. Mother's Maiden Name,	Susia Harris
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. Lewis
9. Father's Occupation,	Laborer
10. Father's Birthplace,	13 Richmond
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1245 Monument St. c a Central av.
Remarks,	All Well

jected to the fine of ten (10) dollars for each offence, to be sued for and recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 4618
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11th
4. Place of Birth, (Street and Number)	No 37 E. Randall St
5. Full Name of Mother,	Lia Broom
6. Mother's Maiden Name,	" Sard
7. Mother's Birthplace,	Delaware
8. Full Name of Father,	Saml Broom
9. Father's Occupation,	Bricklayer
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D.
Address,	511 Hanover
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 4612
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 12th 88
4. Place of Birth, (Street and Number)	119 N. Bond
5. Full Name of Mother,	Laura Shannah Bell Thomas
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Howard Co. Md.
8. Full Name of Father,	William Franklin Bell
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return	C. P. Bruns M.D.
Address,	1835 E. Balto. St.
Remarks,	

any person or persons who shall knowingly or wilfully fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 1613
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 12th 1897
4. Place of Birth, (Street and Number)	#1116 Lombard St.
5. Full Name of Mother,	Mary A. Walter
6. Mother's Maiden Name,	" " " Walter
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Wm F. Walter.
9. Father's Occupation,	Laborer.
Father's Birthplace,	Charleston S. C.
Name of Medical Attendant, or other person who makes this Return.	Annie Linder
Address,	N. 104 S. Monroe St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th A 4614
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 12th 1910
4. Place of Birth, (Street and Number)	62 Gilman St
5. Full Name of Mother,	Marie Stone
6. Mother's Maiden Name,	Marie Endesbeck
7. Mother's Birthplace,	London
8. Full Name of Father,	Tom. Stone
9. Father's Occupation,	Plasterer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1245 Monument St. cor Central av
Remarks,	All Well

jected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4615

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* male
3. *Race or color, (if not of the white race)* white
4. *Date of Birth,* July 12, 1888.
5. *Place of Birth, (Street and Number)* First Ave.
6. *Full Name of Mother,* Mary Ricks
7. *Mother's Maiden Name,* Mary Owen
8. *Mother's Birthplace,* Baltimore city
9. *Full Name of Father,* William Ricks
10. *Father's Occupation,* Will operative
11. *Father's Birthplace,* Wellsville

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M. D.

Address, Box 6, Hampden P. O.

Remarks,

Entered as other mss and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 4516
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 12 1911
4. Place of Birth, (Street and Number)	156 Hartford av
5. Full Name of Mother,	Alice Mc Kaw
6. Mother's Maiden Name,	E McShorley
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Dora Mc Kaw
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. L. Butt
Address,	1215 Monument St. cor Central av
Remarks,	Ill Well.

Penalty for the use of this (for) dollars for each offence. Every Physician, Midwife or other person required as other duties and liabilities are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4617

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	
3. Date of Birth,	July 13th 1888
4. Place of Birth, (Street and Number)	Baltimore City 847 mangold st
5. Full Name of Mother,	Mary Seller
6. Mother's Maiden Name,	Mary Smith
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Edward Seller
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Chas M. Shaffer
Address,	No 717 Scott st Cor mangold
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted], CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4618

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 14
4. Place of Birth, (Street and Number)	1105 Gorman st
5. Full Name of Mother,	Teresa Lipp
6. Mother's Maiden Name,	" Renen
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph Lipp
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay st
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4619

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1888
4. Place of Birth, (Street and Number) 1707 Druid Hill Ave,
5. Full Name of Mother, Agnes Lillian Kemp
6. Mother's Maiden Name, Offutt
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Frank Stanislaus Kemp
9. Father's Occupation, Book Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. L. Ivins M.D.

Address, 1835 E. Balto. St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1 Child 1620

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 15 July

4. Place of Birth (Street and Number), place of birth Vincent 2 1/2 E

5. Full Name of Mother, Aloner Hauble

6. Mother's Maiden Name, Aloner Constantine

7. Mother's Birthplace, Mother Birth place Baltimore

8. Full Name of Father, Joshua Bauble

9. Father's Occupation, Farther Occupation stone mason

10. Father's Birthplace, Farther Birth place Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Sarah Rolling Mid wife

Address, 1608 Vincent near Baker

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Francis Joseph Finnegan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15th 1888

4. Place of Birth, (Street and Number) 714 Saratoga

5. Full Name of Mother, Catherine Finnegan

6. Mother's Maiden Name, " Kaufman

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm H. Finnegan

9. Father's Occupation, Clerk

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

STATE DEPARTMENT OF HEALTH BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4622
Sex, (state whether male or female)	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 16 88.
4. *Place of Birth, (Street and Number)*	869 Gurnmit Ave
5. *Full Name of Mother,*	Annie Gibson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	J. J. Gibson
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	725 Gurnmit Ave
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4623

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 17 1886
4. Place of Birth, (Street and Number) 2493 Oak St
5. Full Name of Mother, Elizabeth E Taylor
6. Mother's Maiden Name, " " Holland
7. Mother's Birthplace, Ellicotts City Md.
8. Full Name of Father, James H Taylor
9. Father's Occupation, Conductor N.C.R.R.
10. Father's Birthplace, Parkton Balto Co Md

Name of Medical Attendant, or other person who makes this Return. R L Hawkins M.D.

Address, Waverly Md

Remarks,

HARRIS BROS. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 4624

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17th 1888

4. Place of Birth, (Street and Number) 214 S. Washington St.

5. Full Name of Mother, Lavina Lee Heller

6. Mother's Maiden Name, Diggs

7. Mother's Birthplace, City

8. Full Name of Father, Adam Heller

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Bruns M.D.

Address, 1834 E. Balto. St.

Remarks,

...KERS AND STATIONERS.

GIVEN NAME ADDED 5-16-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barney Levy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — 4625

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Jewish
3. Date of Birth, 18 July 1888
4. Place of Birth, (Street and Number) 529 N. Eden St
5. Full Name of Mother. Minnie Levy
6. Mother's Maiden Name, Wormser
7. Mother's Birthplace, Europe
8. Full Name of Father, Wm Levy
9. Father's Occupation, Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Holland St

Remarks, Balto

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 4626
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 19nd 1888
4. *Place of Birth, (Street and Number)*	720 Caroline St
5. *Full Name of Mother,*	Hardium Boss
6. *Mother's Maiden Name,*	Hardium Forstick
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harman Boss
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1215 Monument St. cor Central av.
Remarks,	All Well.

HEALTH DEPARTMENT BALTIMORE CITY

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4527

5. Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd.
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 20th 1888
4. Place of Birth, (Street and Number)	332 Forest St.
5. Full Name of Mother,	Hester Dungee
6. Mother's Maiden Name,	" Nickels
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James E. Dungee
9. Father's Occupation,	Photographer Packer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt.
Address,	1210 Monument st cor Central av.
Remarks,	~~All right~~ died July 30th 1888.

BALTIMORE CITY

Read the directions on the other side, before filling out this Return. Read also other laws on the subject. Return to be made within ten days after the birth, under penalty of $20 for neglect.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) A 4628

Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th July 1888

4. Place of Birth, (Street and Number) 235 N Fulton Ave

5. Full Name of Mother, Mary Josephine Worthington Stamps

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Md

8. Full Name of Father, Hall Worthington

9. Father's Occupation, Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Copeland MD

Address, #101 Waverly Terrace

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4629

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 20

4. Place of Birth, (Street and Number) Calverton

5. Full Name of Mother, Mary Gould Purnell

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt. Co.

8. Full Name of Father, E. S. F. Gould

9. Father's Occupation, Clerk

10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return. H. Wilson

Address, 1008 Mad. Ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 4630

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, July 20 - 1888

Place of Birth, (Street and Number) 736 Jefferson St -

Full Name of Mother, Lillie L. Hearn

Mother's Maiden Name, Lillie L. Hyde

Mother's Birthplace, Baltimore - Md -

Full Name of Father, Ernest A. Hearn

Father's Occupation, Lithographer

Father's Birthplace, Baltimore - Md

Name of Medical Attendant, or other Person who makes this Return A. G. Hearn M.D.

Address, 713 Fork Road

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1/631

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex, (state whether male or female)	Femal
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 20 th
4. Place of Birth, (Street and Number)	1320 Etting st
5. Full Name of Mother,	Edna Mathews
6. Mother's Maiden Name,	..... Bailey
7. Mother's Birthplace,	Frederick city
8. Full Name of Father,	George Mathews
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Frederick city
Name of Medical Attendant, or other person who makes this Return.	Mrs Edwin Johnson
Address,	710 Tyson st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4622

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 20th
4. Place of Birth, (Street and Number)	4 N Orchard st
5. Full Name of Mother,	Lizzie Sampson
6. Mother's Maiden Name.	Turner
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	Edward Sampson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Frederick City
Name of Medical Attendant, or other person who makes this Return.	Chas Arnd Johnson
Address,	110 Tyson st
Remarks,	

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4533

No. of Child of Mother, (state whether 1st, 2d 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	21 July
4. Place of Birth, (Street and Number)	1413 E Madison st
5. Full Name of Mother,	Mary Bladin
6. Mother's Maiden Name.	" Diehl
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Carl Bladin
9. Father's Occupation,	Musician ~~Musicianer~~
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Julia Greeny
Address,	940 N Gay st
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4634

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 20th
4. Place of Birth, (Street and Number)	2232 Oak Ave
5. Full Name of Mother,	Sarah S - Coleman
6. Mother's Maiden Name,	S. Snook
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Colley C. Coleman
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Dr. Emma Mud
Address,	2102 - Mt Lan
Remarks,	

BALTIMORE BOARD OF HEALTH

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 11635

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 20th 1888
4. Place of Birth, (Street and Number) #1238 Barkly St Waverly
5. Full Name of Mother, Ella Dean
6. Mother's Maiden Name, " Ruth
7. Mother's Birthplace, Delaware
8. Full Name of Father, Edward M Dean
9. Father's Occupation, Painter
10. Father's Birthplace, Caroline Co Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M.D

Address, Waverly Md

Remarks,

HEALTH DEPARTMENT BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 4636
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 20th 1888
4. Place of Birth, (Street and Number)	1240 Jackson
5. Full Name of Mother,	Ella Lang
6. Mother's Maiden Name,	Ella L. H.
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edward Lang
9. Father's Occupation,	Lithographer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1215 Monument St. cor Central av
Remarks,	All Well.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4527

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 21/88
4. Place of Birth (Street and Number),	20 Amity St.
5. Full Name of Mother,	Mrs. Lizzie Offner
6. Mother's Maiden Name,	" Keyser
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Wm C. Offner
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	T. C. Worthington M D
Address,	840 W. Fayette St.
Remarks,	

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Looney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 4638

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, July 21st 1888
4. Place of Birth (Street and Number), 738 Gilbert St
5. Full Name of Mother, adelia Looney
6. Mother's Maiden Name, adelia smith
7. Mother's Birthplace, farmville Va
8. Full Name of Father, James H Looney
9. Father's Occupation, musichener
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 607 S. howard st.

Remarks, GIVEN NAME ADDED 3-5-54 L.M. five dollars

For each offence, to be recovered as other fines and forfeitures are recoverable.

ding Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46381/2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 2/s
4. Place of Birth (Street and Number),	938 Gal[illegible]ro
5. Full Name of Mother,	adelia Tooney
6. Mother's Maiden Name,	adelia smith
7. Mother's Birthplace,	Parnsville Va
8. Full Name of Father,	James H Tooney
9. Father's Occupation,	musicianer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	607 S Howard St
Remarks,	five dollars

[illegible] Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sara Rebecca Malster — 2 — A 4639

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* ... Female
2. *Race or Color, (if not of the white race)* ... White
3. *Date of Birth* ... July 20 / 88
4. *Place of Birth, (Street and Number)* ... 2041 E. Balto. St.
5. *Full Name of Mother* ... Florence Nightingale Malster
6. *Mother's Maiden Name* ... Hill
7. *Mother's Birthplace* ... N. Carolina
8. *Full Name of Father* ... William Folbert Malster
9. *Father's Occupation* ... Manager Dry Dock
10. *Father's Birthplace* ... Cecil Co. Md.

Name of Medical Attendant ... C. P. Ivens M.D.

or other Person who makes this Return

Address ... 1835 E. Balto. St.

Remarks ... GIVEN NAME ADDED. 8-14 53. L.M.

BALTIMORE CITY

...ERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4640

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d & 3d (Twins)
1. Sex (state whether male or female),	Male & Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 21/88
4. Place of Birth (Street and Number),	17 N. Poppleton st.
5. Full Name of Mother,	Mrs. Jenny Mc Carthy
6. Mother's Maiden Name,	" Rappold
7. Mother's Birthplace,	Va
8. Full Name of Father,	John Mc Carthy
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W. Fayette st
Remarks,	2d accouchement Twins

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Estelle Wall

A 4641

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) male and female
2. Race or color, (if not of the white race)
3. Date of Birth, July 22th 1885
4. Place of Birth, (Street and Number) Baltimore City 612 Warner st
5. Full Name of Mother, Lizzie Wall
6. Mother's Maiden Name, Lizzie Lonzer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Wall
9. Father's Occupation, laber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shuffer

Address, No 711 Scott st Cor marygold st

Remarks, GIVEN NAME ADDED. 9-21-53 L.M.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4642

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd,
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 22nd 88
5. *Place of Birth, (Street and Number)* 1040 W. Franklin St
6. *Full Name of Mother,* Sarah Adaline Byrne
7. *Mother's Maiden Name,* Sarah A. Rau
8. *Mother's Birthplace,* Maryland
9. *Full Name of Father,* William B. Byrne
10. *Father's Occupation,* Bottle Washer
11. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Miller M D

Address, 639 Franklin St.

Remarks,

BALTIMORE

be in attendance upon the mother, immediately thereafter report its birth to the Commissioner of Health, in the or persons who shall hereafter fail to comply with the p for each offence to be recovered as other fines and forfe

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. A.4643
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 22 nd 1881.
4. Place of Birth, (Street and Number)	621 Washington St.
5. Full Name of Mother,	Sofia Weber
6. Mother's Maiden Name,	" Bungling
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. Weber
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Butt
Address,	1245 Monument St Cor Central av.
Remarks,	All Well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7 Child

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 23 July 1944

4. *Place of Birth (Street and Number),* Place of birth 1165 Vincent St

5. *Full Name of Mother,* Mary T. Murphy

6. *Mother's Maiden Name,* Mary T. Murphy

7. *Mother's Birthplace,* Mother birthplace Baltimore

8. *Full Name of Father,* Pierce Murphy

9. *Father's Occupation,* Father Occupation Grocer

10. *Father's Birthplace,* Father Birthplace Maryland

Name of Medical Attendant, or other person who makes this Return. Sarah Rollings mid

Address, 1108 Vincent St near Baker

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4645

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, July 20th 1888 Baltimore City
4. Place of Birth, (Street and Number) Baltimore City. No 880 Mungold st
5. Full Name of Mother, Fannie Bell
6. Mother's Maiden Name, Fannie Blank
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William H. Bell
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M. Slaffer

Address, No 717 Scott st Cor Mungold

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4645

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 2. 3rd
4. *Place of Birth, (Street and Number)*	136 Hoffman st
5. *Full Name of Mother,*	Lucretia Fauntroy
6. *Mother's Maiden Name,*	" " Johnson
7. *Mother's Birthplace,*	Westmoreland Co Va
8. *Full Name of Father,*	Henry Fauntroy
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Lancaster Co Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 to A 4647
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 23rd 1888
4. Place of Birth, (Street and Number)	2244 Monument St.
5. Full Name of Mother,	Marie Baker
6. Mother's Maiden Name,	Marie Ball
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo. Baker
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A Bull
Address,	245 Monument St. cor Central av.
Remarks,	All Well

Jected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 4648

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) 1907 Linden Ave
5. Full Name of Mother, Mary Appleberaite
6. Mother's Maiden Name, — Moulton
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Appleberaite
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. H. Nichols M.D.

Address, 1008 Mad. Ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 4649

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 24th
4. *Place of Birth, (Street and Number)*	~~240~~ E Chase st 1724
5. *Full Name of Mother,*	Bertha Poole
6. *Mother's Maiden Name,*	" Schoz
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Poole
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gregory
Address,	940 N Gay st
Remarks.	

REGISTER OF BIRTHS BALTIMORE CITY

...PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James Peter Donohue

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A4650
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 27th 1888
4. Place of Birth, (Street and Number)	508 Madison St.
5. Full Name of Mother,	Bertha Donohue
6. Mother's Maiden Name,	Bertha Frank.
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Sam. Donohue
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Waterford. Ireland. ~~Baltimore~~
Name of Medical Attendant, or other person who makes this Return.	Mrs M. J Butt
Address,	2145 Monument St. cor Central av.
Remarks,	All Well

BALTIMORE CITY BOARD OF HEALTH

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4651

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th
4. *Place of Birth, (Street and Number)*	822 E Eager st
5. *Full Name of Mother,*	Mary Mc ~~Kenney~~ Mc. Green
6. *Mother's Maiden Name.*	" Mc ~~Gee~~ Mc. Kenney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Mc Green
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this return.	Mrs Julia Greeny
Address,	940 E Gay st
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4652

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 25. 1888
4. Place of Birth, (Street and Number)	2411 Jefferson St.
5. Full Name of Mother,	Lizzie Coleman
6. Mother's Maiden Name,	Tinae Sherman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jerden Coleman
9. Father's Occupation,	Papper hanger
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	1245 Monument St. cor Centre av.
Remarks,	All Well

Person giving false information of the above facts is liable to prosecution, and a penalty of $20.00 for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4653

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Iona
Sex, (state whether male or female)	Femal
2. *Race or color, (if not of the white race)*	Colred
3. *Date of Birth,*	July 05
4. *Place of Birth, (Street and Number)*	601 Moors Alley
5. *Full Name of Mother,*	Priscilla Balden
6. *Mother's Maiden Name,*	" " Baston
7. *Mother's Birthplace,*	Lancaster co Pa
8. *Full Name of Father,*	Soloman Balden
9. *Father's Occupation,*	Soaber
10. *Father's Birthplace,*	Lancaster co Pa
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

HEALTH DEPARTMENT BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 4654

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22 - 88

4. Place of Birth, (Street and Number) 634 Portland St.

5. Full Name of Mother, Martha Reberger

6. Mother's Maiden Name, Martha Koch

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Reberger

9. Father's Occupation, Railroad

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Frank C Bauder

Address, 1713 Bank St.

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 — A 14555

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 26th 1892

4. Place of Birth, (Street and Number) #613 Barkley St Apt 3

5. Full Name of Mother, Sarah E. Short

6. Mother's Maiden Name, " " Holmes

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, James H. Hart

9. Father's Occupation, Conductor N. C. R. R.

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, Waverly Md

Remarks.

BALTIMORE

Any person or persons who shall make any other return, or shall neglect or refuse to make any return required by this ordinance, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. GO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st.) A 4656

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) (White.)
3. Date of Birth, Dec 26th 1895.
4. Place of Birth, (Street and Number) 27 Jarvis St.
5. Full Name of Mother, Annie M. Hedges.
6. Mother's Maiden Name, Annie Mae Hurst.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Theodore Lee Hedges.
9. Father's Occupation, Iron moulder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 E. Pennsylvania Ave

Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 — A 4655

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, July 26th 1888

4. Place of Birth, (Street and Number) #613 Barkley St Annapolis

5. Full Name of Mother, Sarah E. Stott

6. Mother's Maiden Name, " Holmes

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, James H. Hart

9. Father's Occupation, Conductor N. C. R. R.

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, Waverly 2nd

Remarks,

BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd T.) A 4655

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) (White).
3. Date of Birth, Dec 26th 1895.
4. Place of Birth, (Street and Number) 57 Aurora St.
5. Full Name of Mother, Emma M. Hartzog.
6. Mother's Maiden Name, Emma Joan Arnett.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harlan Lee Hartzog.
9. Father's Occupation, Car repair
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Regester St

Remarks,

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A CO., CITY PRINTERS AND STATIONERS

Missing # A 4657

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 4658

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 25th 1888
4. Place of Birth (Street and Number), No 613 Marshall Ave
5. Full Name of Mother, Lizzie D Smith
6. Mother's Maiden Name, Lizzie D Pearson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Fennessy

Address, No 517 Byrd st

Remarks, GIVEN CASE ADDED. 9-1-53 h c m

ing Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4659

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, July 26. 1888
4. Place of Birth, (Street and Number) 18 N. Popelton St
5. Full Name of Mother, Eliza Connell
6. Mother's Maiden Name, Eliza Connelly
7. Mother's Birthplace, United States
8. Full Name of Father, Thos. J. Connell
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Brisan Hunter

Address, 23 N. Popelton St

Remarks,

attendance upon any child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall any such person or persons who shall be guilty of such neglect or refusal shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recov

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4660

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26 1895

4. Place of Birth, (Street and Number) 1132 E. Madison St

5. Full Name of Mother, Ella J. Clautice

6. Mother's Maiden Name, " Powell

7. Mother's Birthplace, Balto

8. Full Name of Father, John F. Clautice

9. Father's Occupation, Paper-Hanger

10. Father's Birthplace, Balto

11. Name of Medical Attendant, or other Person who makes this Return J. D. Lynch M.D.

12. Address, 1435 Bloom St

13. Remarks.

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4661

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* July 26. 1888

4. *Place of Birth, (Street and Number)* 2413 Fork Road (Cor. number 509)

5. *Full Name of Mother,* Marcelina Bishop

6. *Mother's Maiden Name,* " " Mansfield

7. *Mother's Birthplace,* Chesterton - Kent - Md

8. *Full Name of Father.* Frank Ed. Bishop

9. *Father's Occupation,* Restaurant & Saloon.

10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return H. G. Haan M.D.

Address, 713 Fork Road

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3 4562

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 27
4. Place of Birth, (Street and Number) North Ave & N. M. R. R.
5. Full Name of Mother, Anna Crook
6. Mother's Maiden Name, Flack
7. Mother's Birthplace, Balt°
8. Full Name of Father, H. Webster Crook
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. A. M. Wilson

Address, 1008 Mad. Ave.

Remarks,

and Stationers are recoverable.
to the fine of ten (10) dollars

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 4653

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 July
4. Place of Birth, (Street and Number) 1423 Fairmount ave.
5. Full Name of Mother, Gussie Smith
6. Mother's Maiden Name, " Franz
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Smith
9. [redacted] Father's Occupation, Engineer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulig

Address, 1302 N Gilland

Remarks,

...and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4664
Sex, (State whether male or female)	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th
4. *Place of Birth, (Street and Number)*	1131 Hanover St
5. *Full Name of Mother,*	Annie Eagan
6. *Mother's Maiden Name,*	" Daily
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Thos Eagan
9. *Father's Occupation,*	Glassblower
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L C Bruce M D
Address,	1131 Hanover St
Remarks,	

BOARD OF HEALTH BALTIMORE

Each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4665

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 27/1888
4. Place of Birth (Street and Number),	602 Lee St
5. Full Name of Mother,	Ida, Young
6. Mother's Maiden Name,	— Woods
7. Mother's Birthplace,	City
8. Full Name of Father,	Chas. Young
9. Father's Occupation,	Tinner
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	Jno D Blake M.D
Address,	602 E. Lee, City
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person ... more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and ... register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain ... of the births which have occurred under his or her care during the month, and shall set forth as far as ... same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full ... and occupation of the parents, the date and place of birth ... the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... and third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person ... parents of such child to report its birth to the Commissioner of Health, in the manner and within the period ... required, and any such person or persons who shall hereafter fail to comply with the provisions of this section ... be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 4666
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 27 88.
4. Place of Birth, (Street and Number)	1108 Greenmount Ave
5. Full Name of Mother,	Ella B. Daily
6. Mother's Maiden Name,	Anderson.
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	J. T. Daily
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Maryland.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	175 Greenmount Ave
Remarks,	

BALTIMORE CITY REGISTRATION

Penalties are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Silas Hertzler

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st A 4667
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 27 88.
4. Place of Birth, (Street and Number)	1317 Greenmount Ave,
5. Full Name of Mother,	Nancy Hertzler
6. Mother's Maiden Name,	Nancy Meier.
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	Joseph Hertzler,
9. Father's Occupation,	Merchant,
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	J. A. Steiner M.D
Address,	72 Greenmount Ave
Remarks,	

OTHER NAME ADDED. 11-23-54 Dbg

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 4668
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 27 88.
4. *Place of Birth, (Street and Number)*	914 Hillman St.
5. *Full Name of Mother,*	Teresa Magann
6. *Mother's Maiden Name,*	" McKoney
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	M. J. Magann
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	J. H. Robison M.D.
Address,	715 Greenmount Ave
Remarks,	

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-13-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Joseph Fangman

A 4569

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 27th 1888
4. Place of Birth, (Street and Number) 707 Druid Hill ave
5. Full Name of Mother, Josephine Fangman
6. Mother's Maiden Name, Josephine Finke
7. Mother's Birthplace, Essen Oldenburg.
8. Full Name of Father, Theodor Fangman
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, Lohne Oldenburg.

Name of Medical Attendant, or other person who makes this Return. Susan Slanter

Address, 23 St Paul Place St

Remarks,

Penalty for the use of this form for any other purpose than that for which it is furnished, or for each omission or false statement in the certificate, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 27th 1888
4. *Place of Birth (Street and Number),* No 1334 Hanover st
5. *Full Name of Mother,* Sallie Hudnutch
6. *Mother's Maiden Name,* Sallie Sharlock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hudnutch
9. *Father's Occupation,* Boiler Smaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hennessy

Address, No 1517 Byrd st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4677

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 27th. 1888
4. Place of Birth, (Street and Number)	173 Bond St.
5. Full Name of Mother,	Mag. Johns
6. Mother's Maiden Name,	Mag. Hoan
7. Mother's Birthplace,	B Mass.
8. Full Name of Father,	Rob. Johns
9. Father's Occupation,	Cabinett maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Burt
Address,	1245 Monument St. Cor. Centre av.
Remarks,	All Well.

Jected to the fine of ten (10) dollars for each offence, to be recovered as other Fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46 ½

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
Sex, (state whether male or female)	Female
Race or color, (if not of the white race)	Colored
Date of Birth,	July 20th
Place of Birth, (Street and Number)	501 S Gewge St
Full Name of Mother,	Emma Cohen
Mother's Maiden Name,	" " White
Mother's Birthplace,	Baltimore city
Full Name of Father,	James Cohen
Father's Occupation,	Laborer
Father's Birthplace,	Howard County Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 28 11
4. Place of Birth, (Street and Number)	920 Penny alley
5. Full Name of Mother,	Martha Gross
6. Mother's Maiden Name,	" " Gross
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Robert Gross
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

...ected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Femal
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	July 28 14
4. Place of Birth, (Street and Number)	1110 King st
5. Full Name of Mother,	Rebecca Spriggs
6. Mother's Maiden Name,	" " " Thomas
7. Mother's Birthplace,	Calvert co md
8. Full Name of Father,	Jessie Spriggs
9. Father's Occupation,	porter
10. Father's Birthplace,	Calvert co md
Name of Medical Attendant, or other person who makes this Return	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

Section 6 of the Law of 1898 provides that no certificate to be received in other than the prescribed form are forwarded are receivable.

HEALTH DEPARTMENT BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4675

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July. 28th

4. Place of Birth, (Street and Number) Hampden Board Avenue

5. Full Name of Mother, Selma C. Hitchcock

6. Mother's Maiden Name, " " Chilcoath

7. Mother's Birthplace, Va.

8. Full Name of Father, Abraham Hilchcock

9. Father's Occupation, Laborer at Dolfin Jas. & W. C. R. R.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Josiah S. Bowen

Address, 1411 Washington

Remarks,

Persons making false returns of births or deaths, or neglecting to make returns of each case, to the Registrar of each District, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th. A 4676
Sex, (State whether male or female)	female
2. Race, (if not of the white race)	White
3. Date of Birth,	July 28th. 1888
4. Place of Birth, (Street and Number)	907 Durham St.
5. Full Name of Mother,	Ema. Holland
6. Mother's Maiden Name,	Ema. Brady
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Lew. Holland
9. Father's Occupation,	Labor
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	1245 Monument St. Cor Centre av.
Remarks,	All Well

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4677

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or color, (if not of the white race)	Colored
Date of Birth,	July 2. 8th
Place of Birth, (Street and Number)	622 Green Alley or
Full Name of Mother,	Ella Nickerson
Mother's Maiden Name,	" " Green
Mother's Birthplace,	Essex Co Va
Full Name of Father,	William Nickerson
Father's Occupation,	Waiter
Father's Birthplace,	King and Queen Co Va
Name of Medical Attendant, or other person who makes this Return.	Chas Arnie Johnson
Address,	710 Fayette St
Remarks,	

STATE DEPARTMENT OF HEALTH BALTIMORE MD.

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4678

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	28 July
4. Place of Birth, (Street and Number)	Gay st 1412
5. Full Name of Mother,	Effie Gross
6. Mother's Maiden Name,	" Palmer
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Nicklas Gross
9. Father's Occupation,	Dyer & Cleaner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. A 4679

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 29, 1888.
4. Place of Birth, (Street and Number) 134 Cedar ave.
5. Full Name of Mother, Louisa Bryant
6. Mother's Maiden Name, Pegels
7. Mother's Birthplace, Falmouth Va.
8. Full Name of Father, Stuart Lee Bryant
9. Father's Occupation, Moulder
10. Father's Birthplace, Alex, Va.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, Box 6, Hampden P.O.

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4680

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, June 29 1914

4. Place of Birth, (Street and Number) 2308 Eastern Ave

5. Full Name of Mother, Ada M. Jones

6. Mother's Maiden Name, " " Sanford

7. Mother's Birthplace, Md.

8. Full Name of Father, Phillip L. Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. L. White

Address, 2260 E. Pratt St.

Remarks,

ty Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth C. 46811

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 29th " 1888

4. Place of Birth, (Street and Number) 17 Mount Royal Hill

5. Full Name of Mother, Sarah Patterson Thompson

6. Mother's Maiden Name, " Patterson

7. Mother's Birthplace, Scotland

8. Full Name of Father, Wm " Thompson

9. Father's Occupation, Lighterman

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return. Saml T. Earle M.D.

Address, 1431 Linden Ave.

Remarks,

BALTIMORE HEALTH DEPARTMENT

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as [illegible] and for [illegible] are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 3-6-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Wallace Sherman, Jr. A 4682

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 29th - 1888
4. Place of Birth, (Street and Number)	1714 Harmit st
5. Full Name of Mother,	Sarah Sherman
6. Mother's Maiden Name,	" Gross
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	George W Sherman
9. Father's Occupation,	Plumber & Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay st
Remarks,	

HEALTH DEPT. BALTIMORE

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4683

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 30th 1888
4. Place of Birth (Street and Number), No. 1702 Elizabeth Lane
5. Full Name of Mother, Sarah Buttner
6. Mother's Maiden Name, Sarah Falk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Buttner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hermine

Address, No. 1517 Byrd St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 4684
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30-88
4. Place of Birth (Street and Number)	1613 Lafayette ave -
5. Full Name of Mother	Annie Lewis
6. Mother's Maiden Name	Anne Barker -
7. Mother's Birthplace	Balto md.
8. Full Name of Father	Charles M Lewis
9. Father's Occupation	Butter Egg dealer
10. Father's Birthplace	Harford Co md
Name of Medical Attendant, or other Person who makes this Return.	Dr J H Boyd Baylis
Address	619 n. Calhoun st
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 4685

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th July 1888
4. Place of Birth, (Street and Number) 1117 Myrtle Ave
5. Full Name of Mother, Elizabeth A. Prather
6. Mother's Maiden Name, " " Yewell
7. Mother's Birthplace, Md
8. Full Name of Father, W O. Prather
9. Father's Occupation, Mechanic
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Epler M.D.

Address, #101 Waverly Terrace

Remarks,

City Printing and Stationery.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4686
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	30th of July 1888
4. *Place of Birth, (Street and Number)*	No 210 Penn st.
5. *Full Name of Mother,*	Carrie Lembach
6. *Mother's Maiden Name,*	Carrie Schaefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Gustav Julius Lembach
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Seebach
Address,	735 N. Pratt
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child A 4537
1. Sex (state whether male or female),	Boy
2. [redacted]ce or Color (if not of the white race),	white
3. Date of Birth,	July 30
4. Place of Birth (Street and Number),	1225 Hare St
5. Full Name of Mother,	Mary Eisenrader
6. Mother's Maiden Name,	Mary McDuff
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Georg Eisenrade
9. Father's Occupation,	Brick mason
10. Father's Birthplace,	Baltimor
[redacted]me of Medical Attendant, or other person who makes this Return.	Wm. P. Lindemann
Address,	No. 1225 Hare st.
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4688

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 30 th. 1888
4. Place of Birth, (Street and Number)	1110 Getzes av.
5. Full Name of Mother,	Sadie Justin
6. Mother's Maiden Name,	Sadie Mora
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Sam. Justin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	1245 Monument St Cor Centre av
Remarks,	All Well

BOARD OF HEALTH BALTIMORE

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 11689

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 31st 1888

4. Place of Birth, (Street and Number) 35 South Ann

5. Full Name of Mother, Annie McLynn

6. Mother's Maiden Name, " Boyle

7. Mother's Birthplace, Ireland

8. Full Name of Father, James McLynn

9. Father's Occupation, Fireman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address, 714 N. Calvert St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st E 4690
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 31st
4. *Place of Birth, (Street and Number)*	819 Willow St
5. *Full Name of Mother,*	Margret Oneil
6. *Mother's Maiden Name,*	Ni Teran
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Oneil
9. *Father's Occupation,*	Tenstir
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs July Gorny
Address,	1940 Bayard
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 4691
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 31/88.
4. Place of Birth, (Street and Number)	464 N. Sharp St
5. Full Name of Mother,	Katie Annie Smith
6. Mother's Maiden Name,	Katie " Meedeke
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm. Thomas Smith
9. Father's Occupation,	Artist
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Jas. Boyd M.D.
Address,	677 Columbia Ave.
Remarks,	

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child Born
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colord.
3. Date of Birth,	Tuesday morning July 31 1888
4. Place of Birth (Street and Number),	219 Clay st
5. Full Name of Mother,	Julia Satchel
6. Mother's Maiden Name,	Julia Norris.
7. Mother's Birthplace,	Howard Co Md.
8. Full Name of Father,	Samuel Satchel
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Accomac County.
Name of Medical Attendant, or other person who makes this Return.	Charity Jones
Address,	101 Mulberry st.
Remarks,	

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4693

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	July 31st 1888
4. Place of Birth, (Street and Number)	509 N. Pine St
5. Full Name of Mother,	Annie Link
6. Mother's Maiden Name,	Annie Bennet
7. Mother's Birthplace,	Chestertown Md.
8. Full Name of Father,	Everette Link
9. Father's Occupation,	Furniture Dealer
10. Father's Birthplace,	Staunton, Virginia
Name of Medical Attendant, or other person who makes this Return.	Amanda T. Norris, M.D.
Address,	871 Harlem Avenue
Remarks,	

BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4694

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1908
4. *Place of Birth, (Street and Number)* 8 E. Pratt
5. *Full Name of Mother,* Elizabeth McKinley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. J. McKinley
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 1 W. Madison

Remarks,

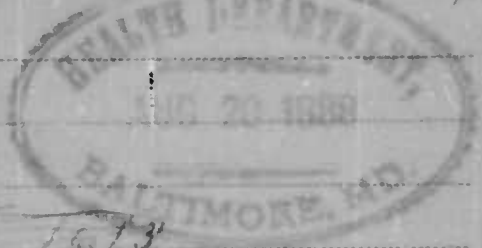
CITY PRINTERS AND STATIONERS

Baltimore County No 3 1888

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4693



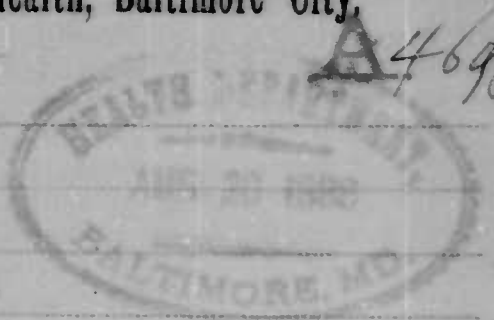
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 2nd 1888
4. Place of Birth, (Street and Number)	Shols Court No 1114
5. Full Name of Mother,	Mary E Smith
6. Mother's Maiden Name,	Mary E Fartsher
7. Mother's Birthplace,	Balti city Balt
8. Full Name of Father,	John Jos Smith
9. Father's Occupation,	Oystershucker
10. Father's Birthplace,	Balt city
Name of Medical Attendant, or other person who makes this Return.	M. B Cosbey
Address,	213 Heath St
Remarks,	doing well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4696



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	5th July
4. *Place of Birth, (Street and Number)*	215 William St
5. *Full Name of Mother,*	Alice Richardson
6. *Mother's Maiden Name,*	Alice Colwell
7. *Mother's Birthplace,*	Balti Md
8. *Full Name of Father,*	George Colwell
9. *Father's Occupation,*	Helper
10. *Father's Birthplace,*	Balti Md
Name of Medical Attendant, or other person who makes this Return.	Mr. R Leasley
Address,	213 Heath St
Remarks,	doing well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	~~4th~~ 9th July
4. *Place of Birth, (Street and Number)*	444 Wilhage St
5. *Full Name of Mother,*	Cassie Kelly
6. *Mother's Maiden Name,*	Cassie Staylor
7. *Mother's Birthplace,*	Balti Md
8. *Full Name of Father,*	William Kelly
9. *Father's Occupation,*	Boilmaker
10. *Father's Birthplace,*	Balti Md
Name of Medical Attendant, or other person who makes this Return.	Dr. K Lasley
Address,	213 Keath St
Remarks,	doing well

BUREAU OF VITAL STATISTICS
JUL 20 1908
BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1888
BALTIMORE MD

A 4698

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, 10th July 1888
4. Place of Birth, (Street and Number) 16 Cross st
5. Full Name of Mother, Lena Gutkennecht
6. Mother's Maiden Name, Lena Bowers
7. Mother's Birthplace, Balti Md.
8. Full Name of Father, Henry Bowers
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other person who makes this Return. Jno L Keasley

Address, 213 Heath St

Remarks, doing well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 11 1888 A 4699

4. Place of Birth, (Street and Number) Carlton St 1028

5. Full Name of Mother, Maggie Forester

6. Mother's Maiden Name, ...

7. Mother's Birthplace, Portsmouth Va

8. Full Name of Father, Joseph Sanders

9. Father's Occupation, Living Beach Coast

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. Mary C. Jones

Address, 1121 Saratoga St Baltimore Md

Remarks, ...

.....

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 15 1888 A. 4700

4. Place of Birth, (Street and Number) 2335 Bruce St

5. Full Name of Mother, Jane Lewis

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Robert Hammond.

9. Father's Occupation, Laboring man

10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga St.

Remarks, Balto Md.

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Seconds

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 20th of Jun
4. *Place of Birth, (Street and Number)* No 13, 18th Street
5. *Full Name of Mother,* Christina Barbara Klee
6. *Mother's Maiden Name,* " " Reitlinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Klee
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Strassburg Pennsyl

Name of Medical Attendant, or other person who makes this Return. Wm Dunnas

Address, ...

Remarks, ...

said schedule shall be ... third day of each and every month to the ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of the person ... child to report its birth to the ... any such person or person ... jected to the fine of ten ... shall hereafter fail to comply with the provisions of this section shall be sub- ... urs for each offence, to be recovered as other fines and ... tures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4702

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Jennie

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 29, 1888
4. Place of Birth, (Street and Number) 312 Bond St
5. Full Name of Mother, Mary Fuxman
6. Mother's Maiden Name, Mary Lebenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Fuxman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schesman

Address, Albemarle st n 103.

Remarks,

HEALTH DEPARTMENT
AUG 2 1888
BALTIMORE MD

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 4703

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Color
Date of Birth,	July 21 1868
Place of Birth, (Street and Number)	Pinkney alley # 1124
Full Name of Mother,	Indiana Murray
Mother's Maiden Name,	Indiana Clemons
Mother's Birthplace,	Amelia Co Virginia
Full Name of Father,	Ja Murray
Father's Occupation,	farmer
Father's Birthplace,	Amelia Co Virginia
Name of Medical Attendant, or other Person who makes this Return	Mrs Degrace
Address,	
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) white

3. Date of Birth, 24 July

4. Place of Birth, (Street and Number) 540 Bird St A 4704

5. Full Name of Mother, Sola V. Delworth

6. Mother's Maiden Name, Sola V. Russell

7. Mother's Birthplace, Balti Md

8. Full Name of Father, William Delworth

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balti Md

Name of Medical Attendant, or other person who makes this Return. Jas E Lashley

Address, 913 Heath St

Remarks, Living well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4705

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Rosie

Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, July 26 1888

4. Place of Birth, (Street and Number) 210 Schlemans Alley

5. Full Name of Mother, Thresa Fitzinger

6. Mother's Maiden Name, Thresa Hyniter

7. Mother's Birthplace, Germany

8. Full Name of Father, George Fitzinger

9. Father's Occupation, Whitewasher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103

Remarks,

BOARD OF HEALTH AUG 27 1888 BALTIMORE MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirds 47076
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 20th 1888
4. *Place of Birth, (Street and Number)*	1404 E. Oliver St
5. *Full Name of Mother,*	Mary E. Brown
6. *Mother's Maiden Name,*	Mautz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. D. Brown.
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M.D.
Address,	S.E. Cor Caroline & Eager Sts
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 31st 1888.
4. *Place of Birth, (Street and Number)*	Cor. Gay Bond & Eager Sts
5. *Full Name of Mother,*	Hallie Raiter
6. *Mother's Maiden Name,*	Klemm.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Albert G Raiter
9. *Father's Occupation,*	Pharmacist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	S. H. Soldner M. D.
Address,	S E Cor Eager & Caroline Sts
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 4708

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 1st 1888

4. Place of Birth, (Street and Number) 1202 E. Hoffman

5. Full Name of Mother, C. Rose

6. Mother's Maiden Name, Saylor

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Rose

9. Father's Occupation, Workman

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. M. B. Baltzer Jr.

Address, 1206 E. Baltimore St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child 4709
1. *Sex, (State whether male or female)*	Male child
2. *Race or color, (if not of the white race)*	W. White
3. *Date of Birth,*	July the 9th 98
4. *Place of Birth, (Street and Number)*	Baltimore S Barney st. n. 5 E
5. *Full Name of Mother,*	Anne Basicks
6. *Mother's Maiden Name,*	Anne Powell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Francis Basicks
9. *Father's Occupation,*	Engineer B & O rail
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	E. A Tuddy
Address,	1828 Light st
Remarks,	doing well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8nd No. 4710

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 8th 1888

4. Place of Birth, (Street and Number) 1066 N Gay st

5. Full Name of Mother, Sarah Schadewald

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md

8. Full Name of Father, A. C. Schadewald

9. Father's Occupation, Butter Dealer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address, 1206 E. Preston st

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 16th
4. *Place of Birth (Street and Number),* S. Howard near Lamburg
5. *Full Name of Mother,* Cassie Gross
6. *Mother's Maiden Name,* Cassie Gross
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Sarah Harper

Address, H 407 Lamburg St.

Remarks,

A 4711

ng Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statisiics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 25 1888
BALTIMORE, MD.

B 4772

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 11th 1888
4. *Place of Birth, (Street and Number)*	576 Preston st
5. *Full Name of Mother,*	Alverta Stanley
6. *Mother's Maiden Name,*	Alverta Dennisville
7. *Mother's Birthplace,*	St Marys County md
8. *Full Name of Father,*	Alfred Stanley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Easton md
Name of Medical Attendant, or other person who makes this Return.	Helen Colanca
Address,	569 Preston st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 11. 1888
4. Place of Birth, (Street and Number) 752 W. Saratoga st
5. Full Name of Mother Katie Frank
6. Mother's Maiden Name Katie Hunt
7. Mother's Birthplace Baltimore City md
8. Full Name of Father Harry F. Frank
9. Father's Occupation Horse dealer
10. Father's Birthplace ~~Baltimore~~ Penna

Name of Medical Attendant, or other Person who makes this Return. F. K. Riley md

Address 724 N. Carey St

Remarks

a 4713

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Annie B First

A. 47714

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, July 13th
4. Place of Birth (Street and Number), Hamburg near Eutaw
5. Full Name of Mother, Annie Bishop
6. Mother's Maiden Name,
7. Mother's Birthplace, Cambridge
8. Full Name of Father, John Bishop
9. Father's Occupation, Lumberman
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return. Sarah Harper

Address, # 407 Hamburg St

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14 - 1858
4. Place of Birth (Street and Number)	806 ½ Caroline Street
5. Full Name of Mother	Bertha A. Allen
6. Mother's Maiden Name	" Burtack
7. Mother's Birthplace	Baltimore Co.
8. Full Name of Father	Daniel Mills
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Estell Eskridge
Address	103 N Broadway
Remarks	

B 4716

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4716

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 17th
4. *Place of Birth (Street and Number),* #533 Hamburg St
5. *Full Name of Mother,* Annie Hughes
6. *Mother's Maiden Name,* Annie Hughes
7. *Mother's Birthplace,* Hamburg Md
8. *Full Name of Father,* John H Coly Hughes
9. *Father's Occupation,* White Laborer
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other person who makes this Return. Sarah Harper

Address, #517 Hamburg St.

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 23 July 188
4. Place of Birth, (Street and Number) 524 Burke st
5. Full Name of Mother, Alice Haas
6. Mother's Maiden Name, Asch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Haas
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptisch

Address, 207 S Washington st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 24 1888
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First B 4718

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, 23rd July 1888.
4. Place of Birth, (Street and Number) E. Pratt St. 1429
5. Full Name of Mother, Maggie Ziegler
6. Mother's Maiden Name, Maddie Mahel
7. Mother's Birthplace, Maryland (German)
8. Full Name of Father, Andrew Ziegler
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. V. Condory

Address, E. Pratt St. 1433

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 4714

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1888
4. Place of Birth (Street and Number)	311 N. Appleton Street
5. Full Name of Mother	Annie R Bishop
6. Mother's Maiden Name	Annie R. Peacock
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles Albert Bishop,
9. Father's Occupation	Steel Paver
10. Father's Birthplace	Balto City,
Name of Medical Attendant, or other Person who makes this Return.	David J. Reinhart M.D.
Address	1111 Madison Ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4720

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, July 24th 1885
4. Place of Birth, (Street and Number) 503 N Duncan alley
5. Full Name of Mother, Mary Bell
6. Mother's Maiden Name, Mary Hall
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jno. W. Bell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return: D. Workman M.D.

Address, 1812 E Balto St

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th — 4721

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 th 1884
4. Place of Birth, (Street and Number) 540 Biddle St
5. Full Name of Mother, Mary Kerr
6. Mother's Maiden Name, Norris
7. Mother's Birthplace, Balto Md
8. Full Name of Father, A. J. Kerr
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Md
11. Name of Medical Attendant, or other Person who makes this Return. A. B. Billingsley
12. Address, 1306 E. Baltimore St
13. Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4/22

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 July 1881
4. Place of Birth, (Street and Number) 227 N Wolfe St
5. Full Name of Mother, Kate Moravec
6. Mother's Maiden Name, Auda
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Moravec
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia
11. Name of Medical Attendant, or other person who makes this Return. Mary Kaplish

Address, 2011 Washington Ave

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

'30 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 24 1888
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male

Race or Color, (if not of the white race) Colored A 4723

3. *Date of Birth,* July 28th 1888

4. *Place of Birth, (Street and Number)* 413 N. Eutaw st

5. *Full Name of Mother,* Elizabeth Jackson

6. *Mother's Maiden Name,* unknown

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* J. H. Jackson

9. *Father's Occupation,* Letter Carrier

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. M B Billingslea MD

Address, 1206 E. Baltimore st

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child 4734
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	July. 29
4. Place of Birth (Street and Number),	Balto Hanover St 2331
5. Full Name of Mother,	Mrs Schmitt
6. Mother's Maiden Name,	Julia Mayerky
7. Mother's Birthplace,	Charleroi Belgume
8. Full Name of Father,	Ernest Schmitt
9. Father's Occupation,	Laboror
Father's Birthplace,	Charleroi Belgume
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	No 41 Guilford's alley
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	first
1. *Sex.* (state whether male or female)	female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	July 30th 1888
4. *Place of Birth.* (Street and Number)	210 W. Lee St
5. *Full Name of Mother.*	Emma Hannan
6. *Mother's Maiden Name.*	Homberger
7. *Mother's Birthplace.*	Balto Md
8. *Full Name of Father.*	Louis Hannan
Father's Occupation.	Clerk
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	C A Lewis
Address.	602 Hanover St
Remarks.	

HEALTH DEPARTMENT
AUG 25 1888
BALTIMORE MD

4725

PRINTERS AND STATIONERS.

Missing #A 4726 to #A 4732, incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 4733

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race) Colord.

Date of Birth, May 1st. 1888

Place of Birth, (Street and Number) 1318 Butler Street.

Full Name of Mother, Ella Johnson.

Mother's Maiden Name,

Mother's Birthplace, Baltimore Md.

Full Name of Father, James Johnson

Father's Occupation, Coachman.

Father's Birthplace. Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Gross.

Address,

Remarks,

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 4734

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, May, 9/88

4. Place of Birth (Street and Number), 1503, L, Cho, St

5. Full Name of Mother, Henrietta Crocker

6. Mother's Maiden Name, n Kilpatrick

7. Mother's Birthplace, Va

8. Full Name of Father, Jas A Crocker

9. Father's Occupation, Grand Master

10. Father's Birthplace, Indy

Name of Medical Attendant, or other person who makes this Return. Jno D Blackwood

Address, 602 L, Rucker

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 47135
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 13th 1888
4. *Place of Birth, (Street and Number)*	1317 Park Ave
5. *Full Name of Mother,*	Alice Brown
6. *Mother's Maiden Name,*	Alice Chamberlain
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George Brown
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Hester Clarence
Address,	908 Pennsylvania Ave
Remarks,	

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th A 4736
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 16/88
4. Place of Birth (Street and Number),	342 Barkley St
5. Full Name of Mother,	Eliza Fisk
6. Mother's Maiden Name,	[illegible]
7. Mother's Birthplace,	Md
8. Full Name of Father,	Robt Fisk
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Jno S Blair
Address,	[illegible]
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 4737

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 21/88
4. *Place of Birth (Street and Number),* 1004 Eutaw
5. *Full Name of Mother,* Mary E. Quinn
6. *Mother's Maiden Name,* a a Collins
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Marion Quinn
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Jno. D. Blake

Address, 602 N. Paca St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 — A. 4738

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. ~~Date~~ Place *of Birth,* 20 26 Wilkins Ave

4. ~~Place~~ Date *of Birth (~~Street and Number~~),* May 22 1888

5. *Full Name of Mother,* Annie Dobson

6. *Mother's Maiden Name,* Brooke

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Joseph H Dobson

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jno D Blake Cor Raspath

Address,

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 4739

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 24: 1888
4. Place of Birth, (Street and Number) 1830 Linden Ave
5. Full Name of Mother, Mrs Kathryn
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Kathryn
9. Father's Occupation, Merchant
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 900 Madison Ave

Remarks, Labor very rapid - only 2 or 3 pains
This was unlooked in the presence of Dr. Williams

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 4740

BOARD OF HEALTH
AUG 23 1888
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 25, 1888
4. Place of Birth, (Street and Number) Walnut St 918
5. Full Name of Mother, Lizzie Satchell
6. Mother's Maiden Name,
7. Mother's Birthplace, West Va
8. Full Name of Father, George Green
9. Father's Occupation, Coachman
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga St Baltimore Md

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 47741

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, May 26/88

4. Place of Birth (Street and Number), 425 N. Hanover St

5. Full Name of Mother, Fannie Hinzeling

6. Mother's Maiden Name, Merkins

7. Mother's Birthplace, Ky

8. Full Name of Father, August Hinzeling

9. Father's Occupation, Machinist

10. Father's Birthplace, Ky

Name of Medical Attendant, or other person who makes this Return. Chas. D. Blake M.D.

Address, Carrollton Ave

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 4742

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	448 N. Mary st
4. *Place of Birth, (Street and Number)*	may 27th 1888
5. *Full Name of Mother,*	Georgianna Kimpsell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Chesterfield
8. *Full Name of Father,*	James Kimpsell
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto and
Name of Medical Attendant, or other person who makes this Return.	Alice Lattimer
Address,	505 Preston st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 4743
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	May 27 — 1888
4. Place of Birth (Street and Number),	709 Morris alley
5. Full Name of Mother,	Alice Gross
6. Mother's Maiden Name,	Alice Turner
7. Mother's Birthplace,	Ellicot City md
8. Full Name of Father,	Florence ~~Turner~~ Gross
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Ellen Moore
Address,	1005 Druid Ave
Remarks,	

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 47441
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	May 28 1888
4. Place of Birth (Street and Number),	707 Chestnut Av
5. Full Name of Mother,	Ella Thomas
6. Mother's Maiden Name,	Ella Simms
7. Mother's Birthplace,	City
8. Full Name of Father,	Allen Thomas
9. Father's Occupation,	Huckster
10. Father's Birthplace,	West Point
Name of Medical Attendant, or other person who makes this Return.	Ellen Moore
Address,	1005 D Hill Ave
Remarks,	

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 4745
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	50 x Hoffman st
4. Place of Birth (Street and Number),	May 28th 1888
5. Full Name of Mother,	L. A. Spriggs
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	
8. Full Name of Father,	Jno Spriggs
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Westminster md
Name of Medical Attendant, or other person who makes this Return.	Ellen Moore
Address,	1905 Druid Ave
Remarks,	

Co., City Printers and Stationers

Orig Certif
Missing
4746 to 5501 incl
5507 to 5513 incl
5517 to 5519 incl
Lost Rec'd Vol 9

Missing A. 4746 - A 5501
4746
7702

Missing # A4746 to # A5501, incl.

#5502 to #5512 after #4502

Missing #5513 to #5516, incl.

RETURN OF BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 5517

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, September 1st

Place of Birth, (Street and Number) No. 606 Fort Avenue

Full Name of Mother, Ada. Williams

Mother's Maiden Name, Ada. Hearing

Mother's Birthplace, Camden, N. J.

Full Name of Father, George Williams

Father's Occupation, Machinist

10. Father's Birthplace, Camden, N. J.

Name of Medical Attendant, or other Person who makes this Return. Thos. Joachim Sullivan

Address, No. 604. Fort Avenue

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5518

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, 12th day of Sept 1885

4. Place of Birth, (Street and Number) 940 Washington Ave

5. Full Name of Mother, Sophia Worthington (deceased)

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Worthington

9. Father's Occupation, Hand wood Turner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Wm Ender Agnew

Address, 940 West Gay st

Remarks, Mart Twin

CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11-5-12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 5517

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, September 1st

Place of Birth, (Street and Number) No. 606 Fort Avenue

Full Name of Mother, Mrs. Williams

Mother's Maiden Name, Mary Harrison

Mother's Birthplace, Camden N.J.

Full Name of Father, George Williams

Father's Occupation, Machinest

10. Father's Birthplace, Camden, N. J.

Name of Medical Attendant, or other Person who makes this Return. Thos. Joseph Sullivan

Address, No. 604 Fort Avenue

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5518

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* 12th day of Sept 1885

4. *Place of Birth, (Street and Number)* 942 Washington ave

5. *Full Name of Mother,* Sarah Washington (Eliza Ann Fowler)

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Thomas Washington

9. *Father's Occupation,* Hard Wood Lumber

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Agnew

Address, 940 West Fay st

Remarks, Hard time

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 5517

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, September 1st

Place of Birth, (Street and Number) No. 606 Fort Avenue

Full Name of Mother, Mary Sullivan

Mother's Maiden Name, Mary Harrington

Mother's Birthplace, Camden, N.J.

Full Name of Father, George Sullivan

Father's Occupation, Machinest

10. Father's Birthplace, Camden, N.J.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joseph Sullivan

Address, No. 604. Fort Avenue

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5518

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 12th day of Sept 1885
4. *Place of Birth, (Street and Number)* 942 Washington Ave
5. *Full Name of Mother,* Sophia Worthington (Lillie Mae Fehr)
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas Worthington
9. *Father's Occupation,* Hard Wood Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elmer Ginn

Address, 940 York Ave

Remarks, Hard Labor

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5519

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether male or~~ female),

2. Race or Color (~~if not of the~~ white race),

3. Date of Birth, Sept 1st 1888.

4. Place of Birth (Street and Number), 152 S. Lexington St.

5. Full Name of Mother, Caroline Tegtel.

6. Mother's Maiden Name, Caroline Tankton.

7. Mother's Birthplace, Baltimore City. Md.

8. Full Name of Father, George C. Tegtel.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. John T. Tegtel M.D.

Address, 662 N. Lexington St.

Remarks,

...r Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 5520

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, September 1st. 1888.

4. Place of Birth (Street and Number), 246 S. Bond St.

5. Full Name of Mother, Laura F. Green

6. Mother's Maiden Name, Laura F. Crist

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Clifford Green

9. Father's Occupation, Telephone Agent

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. N. L. Barnett Jr. M. D.

Address, 700 S. Broadway

Remarks, F. A. M.

ng Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 5621
1. Sex, (State whether male or female)	Little Boy
2. Race or color, (if not of the white race)	White race
3. Date of Birth,	1st of September 1888
4. Place of Birth, (Street and Number)	No 806 Frederick ave
5. Full Name of Mother,	Mrs Monsberger
6. Mother's Maiden Name,	Miss Lant
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr Paul Monsberger
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A 5522
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 1st 1898
4. Place of Birth (Street and Number),	430 Montgomery st
5. Full Name of Mother,	Mary C Hayden.
6. Mother's Maiden Name,	Mary C Gamble
7. Mother's Birthplace,	Manchester Va
8. Full Name of Father,	Benjamin F Hayden.
9. Father's Occupation,	Packer.
10. Father's Birthplace,	Northumberland Co Va
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	No 7 W. Lee st.
Remarks,	

g Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5623

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Twins, Male

2. Race or color, (if not of the white race)

3. Date of Birth, Sept. 1 1888

4. Place of Birth, (Street and Number) 913 S. Spring St.

5. Full Name of Mother, Mary Teuchter

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Teuchter

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary A. Lein

Address, 1127 E. Fayette St.

Remarks, born in the seventh month, died this Morning, after she was born

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 55524
1. Sex, (State whether male or female)	Male,
2. Race or color, (if not of the white race)	W.
3. Date of Birth,	Sept. 1. 1888,
4. Place of Birth, (Street and Number)	1509 Presstman st,
5. Full Name of Mother,	Roberta M. Ballard,
6. Mother's Maiden Name,	Frawley,
7. Mother's Birthplace,	West Point, Md,
8. Full Name of Father,	W. L. Ballard,
9. Father's Occupation,	Book-keeper,
10. Father's Birthplace,	Balto Co. Md,
Name of Medical Attendant, or other person who makes this Return	J. F. Doyle M.D.
Address,	1007 Fawn ale
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office ,of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 6525

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Colord

3. Date of Birth, September the 1

4. Place of Birth, (Street and Number) Hurree st 1113

5. Full Name of Mother, Hannah Cornick

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Riggs Hill

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Hannah J Wilson

Address, 115 Hurree st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child A. 5526
1. Sex, (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	11th of September 1885
4. Place of Birth, (Street and Number)	2410 Jefferson street
5. Full Name of Mother,	Maggie Amky.
6. Mother's Maiden Name,	Maggie Lee.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Lee.
9. Father's Occupation,	Laborman.
10. Father's Birthplace,	England.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel.
Remarks,	Healthy.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 5527

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 1918, Nine 8 h
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Georgia Hall
6. Mother's Maiden Name,
7. Mother's Birthplace, Charles Co
8. Full Name of Father, Harry Hall
9. Father's Occupation, Working at Brick Yard
10. Father's Birthplace, Baltimore and

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 1121 Saratoga Str

Remarks,

Co., City Printers and Stationers.

STATE FILE NUMBER ADDED 8-31-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Helen Franklin

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c~~) A 55528

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st, 1888
4. *Place of Birth, (Street and Number)* 2204 Druid
5. *Full Name of Mother,* Callie Franklin
6. *Mother's Maiden Name,* [illegible] Shaw
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Howard A Franklin
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Carrol Co Md

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill MD

Address, 1401 N Fremont Ave

Remarks,

BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55529

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) ~~Male~~ Male

2. Race or color, (if not of the white race) Colord

3. Date of Birth,

4. Place of Birth, (Street and Number) 113 wyark st

5. Full Name of Mother, Birdy Lemirk

6. Mother's Maiden Name, Birdy Lar

7. Mother's Birthplace, Lamerridge

8. Full Name of Father, daniel Lar

9. Father's Occupation, Labrer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah J Wilson

Address, 115 Fluree street

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 5530

1. Sex, (State whether male or female) Male,

2. Race or color, (if not of the white race)

3. Date of Birth, Oct. 1. 1898

4. Place of Birth, (Street and Number) 1024 E. Baltimore St.

5. Full Name of Mother, Elizabeth Schneider Hand

6. Mother's Maiden Name, Elizabeth Schneider Long

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas Wilkinson Hand

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return: C. Thomas Kuehnle

Address, 1024 E. Balto St.

Remarks, Woman delivering

CITY PRINTER AND STATIONER

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 55-31

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 1 1908
4. *Place of Birth, (Street and Number)*	1332 Nicholson
5. *Full Name of Mother,*	Mary A. Larkin
6. *Mother's Maiden Name,*	" " Cooper
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Orlando E Larkin
9. *Father's Occupation,*	~~Drayman~~ Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dania Hall M.D.
Address,	4084 Exeter
Remarks,	

, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 5532

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 1st 1888
4. Place of Birth, (Street and Number) 663 George
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Sikes
7. Mother's Birthplace, England
8. Full Name of Father, Wm. D. Brown
9. Father's Occupation, Nashville, Tenn.
10. Father's Birthplace, Farmer

Name of Medical Attendant, or other person who makes this Return. J. H. Swinton M.D.

Address, 182 Madison Ave.

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th — A 55533

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 5th 1884

4. Place of Birth, (Street and Number) 1116 Druid St

5. Full Name of Mother, Mary A Conway

6. Mother's Maiden Name, " " Goldsmith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos Conway

9. Father's Occupation, Cabt

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Gardner, Carey Mch

Address, 1116 Druid St

Remarks,

CITY PRINTERS AND STATIONERS.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-5534-D

PLACE OF BIRTH: Baltimore, Maryland
Name of hospital or institution; if at home give street number:
816 S. Bond Street
Mother's stay before delivery:
Hospital or institution ... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 816 S. Bond Street
(If rural give location)

Full name of child ELIZABETH ERIKSSON

4. Date of birth September 1, 1888
(Month) (Day) (Year)

Sex:	6. Twin or triplet	If so—born 1st, 2d, or 3rd	7. Number weeks of pregnancy	8. Hour of birth
Female				M.

FATHER OF CHILD

Full Name Peter Eriksson
Color or race White 11. Age at time of this birth — yrs.
Birthplace Sweden
(City, town, or county) (State or foreign country)
Usual occupation Sailor
Industry or business

MOTHER OF CHILD

15. Full Maiden Name Katie Heller
16. Color or race White 17. Age at time of this birth — yrs.
18. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

Other children born to mother (not including present child):
How many other children of this mother are now living? 0
How many other children were born alive but are now dead? 0
How many children were born dead? 0

22. Mother's mailing address for registration notice:

I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above furnished by ..., related to this child as ...

Date rec'd by local registrar Sept. 14th 1888

Signed James A. Stewart, M.D.
Registrar

Given name added ... by Registrar per ...

(Signed) ... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Huntington Williams M.D.
Commissioner of Health and Registrar

Address ...

NOV 2 1956
Date

Rec

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 5 6 35

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sep 7 1888
4. Place of Birth, (Street and Number) 891 Durham st
5. Full Name of Mother, Mary Plsek
6. Mother's Maiden Name, " Erkasia
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Plsek
9. Father's Occupation, Book Binder
10. Father's Birthplace, Bohema

Name of Medical Attendant, or other person who makes this Return. Mary Hoffert

Address, 209 N Washington

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 6536

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 1 Sept 1888
4. Place of Birth, (Street and Number) 237 Bond st
5. Full Name of Mother, Kate Dexter
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Dexter
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return. Mary Koplist
12. Address, 207 N Washington st
13. Remarks,

Care to be taken to see that the Certificate of Birth is filled up in accordance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — A. 6537

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 18th Sept
4. Place of Birth, (Street and Number) 2240 McElderry st
5. Full Name of Mother, Sarah Humphrey
6. Mother's Maiden Name, " Humphrey
7. Mother's Birthplace, Irland
8. Full Name of Father, Hillard Humphrey
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mary Stapleton

Address, 207 A Washington st

Remarks,

BEST PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 — D 65738

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 1st 188

4. Place of Birth, (Street and Number) 207 Penn st Howard ant.

5. Full Name of Mother, Susan A. Clifford

6. Mother's Maiden Name, Susan A ~~Clifford~~ Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sylvester W Clifford

9. Father's Occupation, Musician

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return R G Rankin

Address, Waverly Md

Remarks,

, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, Sept. 1st 1888
4. Place of Birth, (Street and Number) 1211 Mulliken St.
5. Full Name of Mother, Sophia Itzel
6. Mother's Maiden Name, Fratz
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Itzel
9. Father's Occupation, letter carrier
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto Md.

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 55540

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 1 1888
4. Place of Birth, (Street and Number) 738 Lancaster st
5. Full Name of Mother, Mary Lopez
6. Mother's Maiden Name, nee Tomera
7. Mother's Birthplace, Poland
8. Full Name of Father, Jan Lopez
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
11. Name of Medical Attendant, or other person who makes this Return. Mary Hoffert
12. Address, 297 N Washington st
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 6541

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race)
3. Date of Birth, Sept. 2, 1888
4. Place of Birth, (Street and Number) 1602 Millimont St.
5. Full Name of Mother, Sarah Haddoway
6. Mother's Maiden Name, Keyes
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert Haddoway
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto. Md.

Remarks,

DEPARTMENT OF HEALTH 1888

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5542

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 2
4. Place of Birth, (Street and Number) 428 Eaden Street
5. Full Name of Mother, Annie Elizabeth Commins
6. Mother's Maiden Name, Annie Elizabeth Barnes
7. Mother's Birthplace, Blt Baltimore City
8. Full Name of Father, George H Commins
9. Father's Occupation, Laber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Address, H H Smith No 1516 McElderry St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 6543

No. of Child of Mother, (state wheiher 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	2nd September
4. Place of Birth, (Street and Number)	346 Parkin St.
5. Full Name of Mother,	Annie Noonan
6. Mother's Maiden Name,	Annie Corcoran
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Noicheal Noonan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Cruse
Address,	345 Pitt St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 65441

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white
3. Date of Birth, 2 September
4. Place of Birth (Street and Number), Nelson Court
5. Full Name of Mother, Mary Pichocki
6. Mother's Maiden Name, Mary Hlos
7. Mother's Birthplace, Germany
8. Full Name of Father, Bartlomej Pichocki
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Marie Fredl

Address, S. Bond Str. 840

Remarks,

BIRTH DEPARTMENT BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 — A 5574

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 2 1888
4. Place of Birth, (Street and Number) Baltimore No 820 Mulberry St
5. Full Name of Mother, Helen E Engleman
6. Mother's Maiden Name, Helen E Hunter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David F Engleman
9. Father's Occupation, Machinist
10. Father's Birthplace, Westminster

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 5546
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept. 2d. 188
4. Place of Birth, (Street and Number)	Canton ave 1922
5. Full Name of Mother,	Kate Roder
6. Mother's Maiden Name,	Kate Schuppel
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	George Roder
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Dr. C. M. Schutte Jr
Address,	S.W. cor. Wolfe st & Canton ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), colord
3. Date of Birth, Sept th 2 1888
4. Place of Birth (Street and Number), 928 tyson St
5. Full Name of Mother, Ruth hayden
6. Mother's Maiden Name, Ruth Servent
7. Mother's Birthplace, Norf k . va
8. Full Name of Father, William hayden
9. Father's Occupation, Waiter
10. Father's Birthplace, Nothumbland . co. va

Name of Medical Attendant, or other person who makes this Return. Mrs Charlotte Williams

Address, 607 S howard st

Remarks, five dollars

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Healtt, Baltimore City.

A. 6548

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ct

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, September 2nd
4. Place of Birth, (Street and Number) 605 Conway St
5. Full Name of Mother, Alice O. Lipson
6. Mother's Maiden Name, Alice O. Nasby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Lepson
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimor Md

Name of Medical Attendant, or other person who makes this Return. Helligonda Sleffel

Address, 641 So Paca St

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 5674
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sunday Morning Sept. 2nd. 1888
4. Place of Birth, (Street and Number)	511 N. Central ave
5. Full Name of Mother,	Sarah Osmofsky
6. Mother's Maiden Name,	Sarah Friedman
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Samuel Osmofsky
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Grand St. & Fremont Place.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 55558

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday Oct 2d 1898
4. Place of Birth, (Street and Number) No 13 Frederick Ave
5. Full Name of Mother Anna Bunet
6. Mother's Maiden Name Anna Hachmeier
7. Mother's Birthplace Germany
8. Full Name of Father Antone Bunet
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gathmann Dell

Address 712 349 Wallace St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 5551
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sept. 2. 1888
4. Place of Birth (Street and Number),	720 Penna St.
5. Full Name of Mother,	Emeline George
6. Mother's Maiden Name,	Emeline Hammond
7. Mother's Birthplace,	Ellicott City Md.
8. Full Name of Father,	Louis George
9. Father's Occupation,	Cart driver
10. Father's Birthplace,	Eastern Shore of Virginia
Name of Medical Attendant, or other person who makes this Return.	John D Lickle M.D.
Address,	81 N. Fulton av.
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 25352

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Gender, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	7th Sept 1888
4. Place of Birth, (Street and Number)	No 104 Wilson St
5. Full Name of Mother,	Catherine J. Faulkner
6. Mother's Maiden Name,	Catherine Reese
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George B. Faulkner
9. Father's Occupation,	Tinsmith
10. Father's Birthplace,	Edenburg Scotland
Name of Medical Attendant, or other person who makes this Return.	Geo. C. L. Lauer
Address,	No 1057 Eastern Ave
Remarks,	Balt City
	1888

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 55503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, 2 September 1888
4. Place of Birth, (Street and Number) 947 Sterling St
5. Full Name of Mother, Mary Shilling
6. Mother's Maiden Name, " Hartung
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ferdinand Shilling
9. Father's Occupation, Tayloe
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland St

Remarks,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 5550

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 1st 1888

4. Place of Birth, (Street and Number) 20 West Lexington

5. Full Name of Mother, Lottie Smith

6. Mother's Maiden Name, Lottie Morgan

7. Mother's Birthplace, Maryland Baltimore City

8. Full Name of Father, James H Smith

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, [illegible]

Remarks, Baltimore Md 1888

BALTIMORE

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3 Child 1/2 1555

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, 1st Sept 1858

4. Place of Birth, (Street and Number) No 122 E. Lee St

5. Full Name of Mother, Kate Powers

6. Mother's Maiden Name, Kate Kuhn

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Powers

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas E. Coleman

Address, Board of Health Office

Remarks, Feb 2nd 1859

Penalty for the first of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

...80, ANY. PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 55356
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	August 25-98
4. Place of Birth, (Street and Number)	No 1708 E. Pratt St
5. Full Name of Mother,	Mary V. Efford
6. Mother's Maiden Name,	" " Price
7. Mother's Birthplace,	Va
8. Full Name of Father,	George W. Efford
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allnutt
Address,	912 W. Donegal St
Remarks,	Mt Clare

To be buried at Philad. Road M. E. Cemetery

Denny & Mitchell
1220 N. Broadway

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 0337

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept. 2. 1888
4. Place of Birth, (Street and Number)	169 E. Balto
5. Full Name of Mother,	Marie Lenhart
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Fred. Amendt
9. Father's Occupation,	Tobacconist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Peter Owen M D
Address,	949 Madison ave
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th A 5558
Sex. (State whether male or female)	~~Male~~ Female
Race or color, (if not of the white race)	Wht
Date of Birth,	September 2. 1888
Place of Birth, (Street and Number)	Cuba St 1617
Full Name of Mother,	Claudia Bittner.
Mother's Maiden Name,	Claudia Stumpf
Mother's Birthplace,	Germany
Full Name of Father,	Richard Bittner
Father's Occupation,	Baker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Cuba St
Remarks,	

BALTIMORE REGISTRAR'S OFFICE RECEIVED SEP 8 1888

any such person of persons who shall neglect or refuse to comply with the requirements of this section shall be guilty of a misdemeanor and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. 88 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 5557

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 3rd 1888
4. *Place of Birth (Street and Number),* No. 293 William st
5. *Full Name of Mother,* Elmer Brooks
6. *Mother's Maiden Name,* Elmer F. Lubarty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Brooks
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, No 1517 Byrd st.

Remarks,

SEP 8 1888

for each offence, to be recovered

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Fifth Child A 2560
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Third Sept.
4. Place of Birth (Street and Number),	605 Little Paca st
5. Full Name of Mother,	Mary Emory
6. Mother's Maiden Name,	Mary Howe
7. Mother's Birthplace,	St Mary Co.
8. Full Name of Father,	George Emory
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Howard Co.
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	No 41 Guilford's Alley
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5501

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 th
Sex, (state whether male or female)	Male.
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	Sep. 5/88
4. *Place of Birth, (Street and Number)*	No. 1444 Clark, St.
5. *Full Name of Mother,*	Federica Batzel
6. *Mother's Maiden Name,*	" Bonin
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Jacob Batzel
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Mellenberg Germany.
Name of Medical Attendant, or other person who makes this Return.	Annie Geens.
Address,	No. 1214 Light St.
Remarks,	Yours Respectfully

HEALTH DEPARTMENT SEP 8 1888 BALTIMORE MD.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 6562

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (State whether male or female) mail

2. Race or color, (if not of the white race) whit

3. Date of Birth, Sep. 3

4. Place of Birth, (Street and Number) Baltimore Fort & Pr 1624

5. Full Name of Mother, Ella Knox

6. Mother's Maiden Name, Ella Mosley

7. Mother's Birthplace, Cumberland Md

8. Full Name of Father, James J Knox

9. Father's Occupation, Saloon Keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ettie

Address, No 1619 E Base St

Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5563

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth Sept 3rd 1888

4. Place of Birth, (Street and Number) E Orleans-St 2101

5. Full Name of Mother, Jennie E White

6. Mother's Maiden Name, Mc Dorman

7. Mother's Birthplace, Somerset Co Md

8. Full Name of Father, George F White

9. Father's Occupation, Mariner

10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. M D Davenport

Address, 225 S Ann-St

Remarks, Baby premature But-Both doing well

for each offence to be recovered as other fines and forfeitures are recovered.

CITY MD.

Co. City Printers and Stationers.

GIVEN NAME ADDED 8-12-SL

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Joseph Patrick — Clarke

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th — A 55644
2. Sex, (State whether male or female) Male
3. Race or color, (if not of the white race) White
4. Date of Birth, Sept 3 1888
5. Place of Birth, (Street and Number) Hull St No 14.21
6. Full Name of Mother, Mary Clarke
7. Mother's Maiden Name, Mary Mannity
8. Mother's Birthplace, Ireland
9. Full Name of Father, James Clarke
10. Father's Occupation, Laborer
11. Father's Birthplace, Ireland
12. Name of Medical Attendant, or other person who makes this Return. Jeff E Otte
13. Address, No 619 Eutaw St
14. Remarks,

BALTIMORE CITY REGISTRY OF BIRTHS SEP 8 1888

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1941 5566
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 3rd 1888
4. Place of Birth (Street and Number),	1611 Hanover
5. Full Name of Mother,	Agnes Eakle
6. Mother's Maiden Name,	Agnes Cook
7. Mother's Birthplace,	New York
8. Full Name of Father,	Edw E Eakle
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Louisiana
Name of Medical Attendant, or other person who makes this Return.	B L Phillips
Address,	735 W Lombard St
Remarks,	

for each omission, to be recovered as other fines and forfeitures are recoverable.

ding Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 1. 1888.

A 05566

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Balto Sept 3 1888

4. *Place of Birth (Street and Number),* 226 S. Ann Street

5. *Full Name of Mother,* Katie Barker

6. *Mother's Maiden Name,* Katie Hermick

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Robert Barker

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend,

Address, 410 South Wolfe St.

Remarks, "

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5567

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 3 September
4. Place of Birth, (Street and Number) 1710 E. Lombard St
5. Full Name of Mother, Emma Peters
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wiliam Peters
9. Father's Occupation, Can maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrich

Address, 1902 Holland St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

60 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 5568

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth Sept 3.
4. Place of Birth, (Street and Number) Parish Alley 10/3
5. Full Name of Mother, Mary Key
6. Mother's Maiden Name,
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Joseph Stephens
9. Father's Occupation, Keeping Restaurant
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mary C Jones
- Address, 1121 Saratoga St
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 1900 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child. 0364
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Sept 3 — 1888.
4. *Place of Birth, (Street and Number)*	13 West st.
5. *Full Name of Mother,*	Louise Tomlin.
6. *Mother's Maiden Name.*	Schnetter.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	William Tomlin.
9. *Father's Occupation,*	Can maker.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmyasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...O., CITY PRINTING AND STATIONERY.

CERTIFICATE CORRECTED 10-16-[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma ~~Lina~~ Heintz

A 65770

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	August 25th 1888
4. Place of Birth, (Street and Number)	No 9 Young St
5. Full Name of Mother,	Lizzie (~~Wenck~~) Heintz
6. Mother's Maiden Name,	Lizzie (~~Apple~~) Appel
7. Mother's Birthplace,	[illegible] York
8. Full Name of Father,	Louis (~~Frank~~) Heintz
9. Father's Occupation,	Bar Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	M. E. Dunn
Address,	No 1822 W Lombard St
Remarks,	

jected to the fine of ten ten dollars for each offence, to be recovered as by law. Fees and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Sep. 4
4. Place of Birth, (Street and Number) Durham Street No 2270
5. Full Name of Mother, Alles Wells
6. Mother's Maiden Name, Alles Mills
7. Mother's Birthplace, Worcester Co Md
8. Full Name of Father, Edmond man Will
9. Father's Occupation, day labor
10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address, A H Smith No 1516 McElderry st

Remarks,

BALTIMORE SEP 1888

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 6572

1. Sex, (State whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 4th 1888
4. Place of Birth, (Street and Number) N. Durham St. No 114
5. Full Name of Mother, Anna Albrecht
6. Mother's Maiden Name, Anna Egenhöfer
7. Mother's Birthplace, Hochstadt, Bavaria Germany
8. Full Name of Father, Anton Albrecht
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5573

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, 4th September
4. Place of Birth (Street and Number), Caroline St 713
5. Full Name of Mother, Sophia Horecky
6. Mother's Maiden Name, Sophia Herijova
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Horecky
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Marie Pell

Address, S. Bond Str. 840

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE, MD.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 66744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 4. 1888.
4. Place of Birth, (Street and Number) 428 Robert St
5. Full Name of Mother, Annie Melville
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Howard Melville
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.
11. Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A 5675

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 4 1888
4. Place of Birth, (Street and Number) 569 block 2nd
5. Full Name of Mother, Bridget A. Leynon
6. Mother's Maiden Name, Bridget Welch
7. Mother's Birthplace, County galloway ireland
8. Full Name of Father, William D. Leynon
9. Father's Occupation, Laborer
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return. mary conner 424

Address, Patterson park ave

Remarks,

SEP 10 1888

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th - A 55576

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* Sept - 4th - 1888 -
4. *Place of Birth, (Street and Number)* 634 W. Fulton avenue -
5. *Full Name of Mother,* Florence H. Collis.
6. *Mother's Maiden Name,* Brown -
7. *Mother's Birthplace,* Illinois -
8. *Full Name of Father,* George Henry Collis -
9. *Father's Occupation,* Builder -
10. *Father's Birthplace,* Balto - City -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith.

Address, Parkman av. & Calhoun st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 5577

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 4th 1886

4. Place of Birth, (Street and Number) 423 North Front St.

5. Full Name of Mother, Ann Welby

6. Mother's Maiden Name, Ann Butler

7. Mother's Birthplace, County Galway Ireland

8. Full Name of Father, John Welby

9. Father's Occupation, Laborer

10. Father's Birthplace, County Galway Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Woodew

Address, 939 Gouvernment St.

Remarks,

BALTIMORE CITY (RTHUR) SEP 8 1886 REGISTRAR'S OFFICE

or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the like fine or penalty for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Margaret Kuhn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
Sex, (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	4th of September 1888.
4. Place of Birth, (Street and Number)	130 Burk street
5. Full Name of Mother,	Elizabeth (~~Lizzie~~) (~~Lye~~) Keyh
6. Mother's Maiden Name,	" (~~Lizzie~~) Kuhn.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Joseph (~~Gotlob~~) Kuhn.
9. Father's Occupation,	Laborman.
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 Nath Chapel st per Justina Kunkel.
Remarks,	Healthy.

A 5675

any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 21st
4. Place of Birth (Street and Number),	1230 Battery Avenue
5. Full Name of Mother,	Mary Elizabeth Pancoast
6. Mother's Maiden Name,	Conway
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William Pancoast
9. Father's Occupation,	Machine Hand
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs Celestine Conway
Address,	1230 Battery Avenue
Remarks,	Healthy

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 5570

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. ~~Date~~ Place of Birth, 927 Lemmon Alley

4. ~~Place~~ Date of Birth, (~~Street and Number~~) Sept 11 1895

5. Full Name of Mother, Ingel Pitt

6. Mother's Maiden Name, Ingel Pitt

7. Mother's Birthplace, Longmain Hanford Co Tenn

8. Full Name of Father, Bloney Hanley

9. Father's Occupation, Waiter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Dr C Shumate

Address, 1434 Penna Ave

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 25761

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child
2. *Sex, (State whether male or female)* Male
3. *Race or color, (if not of the white race)* White
4. *Date of Birth,* 9th of Sept 1888
5. *Place of Birth, (Street and Number)* No 50 E. Eager St
6. *Full Name of Mother,* Emelia Steiner
7. *Mother's Maiden Name,* Emelia Steiner
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Charles Steiner
10. *Father's Occupation,* Baker
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant,* or other person who makes this Return. Jno C. Lucas
13. *Address,* No 1027 Eastlind Ave
14. *Remarks,* Baltimore Md 1888

Child to report its birth to the Commissioner of Health, in the manner and form prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2d)

1. Sex, (state whether male or ~~female~~) Male

A 5582

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 4th 1888

4. Place of Birth, (Street and Number) No 2040 Orleans Street

5. Full Name of Mother, Mrs. Mary E. Smith

6. Mother's Maiden Name, Miss Mary E. Kent

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Mr. Frederick Godfrey Smith

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address, 1705 E. Fayette St. Cor. Broadway

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

5583

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 4th 1888
4. Place of Birth (Street and Number) 718. N. Eutaw St- Baltimore Maryland
5. Full Name of Mother Barbara Litz Hohmann
6. Mother's Maiden Name Barbara Litz.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Henry Hohmann
9. Father's Occupation Photographer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M. D

Address 3. East Read St-

Remarks

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5) fifth Child A 5534

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 5th
4. Place of Birth, (Street and Number) 610 S Charles St.
5. Full Name of Mother, Maggie Lauterbach
6. Mother's Maiden Name, Maggie Koerber
7. Mother's Birthplace, Germany
8. Full Name of Father, Jno Lauterbach
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Henry W. Welsh Jr

Address, 403 Hanover St

Remarks,

BY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Born A 5585
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* Sept 5th 1887
5. *Place of Birth, (Street and Number)* 96 North Smallwood St
6. *Full Name of Mother,* Vandelia Westcott
7. *Mother's Maiden Name,* Vandelia Tompkins
8. *Mother's Birthplace,* Hamilton in Va
9. *Full Name of Father,* John C. Westcott
10. *Father's Occupation,* Waiter
11. *Father's Birthplace,* Northampton Co. Va
12. *Name of Medical Attendant, or other Person who makes this Return* Geo. A. Fleming M.D.
13. *Address,* 928 Madison Ave
14. *Remarks,*

or person who shall neglect or refuse to make such return shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 5586

1. No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th
2. Sex, (State whether male or female) male Joseph F Darago
3. Race or color, (if not of the white race) White
4. Date of Birth, Sept. 5th 1888
5. Place of Birth, (Street and Number) 812 Eastern Ave.
6. Full Name of Mother, Mary Darago
7. Mother's Maiden Name, Lebre
8. Mother's Birthplace, Italy
9. Full Name of Father, Firdink Darago
10. Father's Occupation, Laborer
11. Father's Birthplace, Italy

Name of Medical Attendant or other person who makes this Return. Mrs. C. Bernstein

Address 122 S. Exeter st.

Remarks.

9/19/30. Mother Mary Darago

any such person or persons who shall hereafter fail to comply with the [illegible] section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts of like amount are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~5th~~ 2nd B 65587

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5, 1888
4. Place of Birth, (Street and Number) 875 Greenmount Ave
5. Full Name of Mother, Elizabeth Powers
6. Mother's Maiden Name, Elizabeth Young
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph F. Powers
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Wooden

Address, 93½ Greenmount Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 5558
1. *Sex, (State whether male or female)*	Little Girl.
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	5th of September 1888
4. *Place of Birth, (Street and Number)*	No 1892 Whitham st
5. *Full Name of Mother,*	Mrs. Mary Ranke
6. *Mother's Maiden Name,*	Miss. Mary Gruenwald
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr. Herman Ranke
9. *Father's Occupation,*	~~Shot~~ Shoemaker
10. *Father's Birthplace,*	Born Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Filler
Address,	2127 west Pratt st
Remarks,	

jected to the fine of ten (10) dollars for each offence.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child. A. 5559
1. *Sex. (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	5th of September 1888.
4. *Place of Birth, (Street and Number)*	2103 Jefferson street.
5. *Full Name of Mother,*	Katie Adams.
6. *Mother's Maiden Name,*	Katie Alles.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Miles.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Crecintia Kunkel.
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 55590

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sep. 5, 1885
4. *Place of Birth, (Street and Number)* 1157 Little Montgomery St
5. *Full Name of Mother,* Lina Benneman
6. *Mother's Maiden Name,* " Wegener Wegener
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Benneman
9. *Father's Occupation,* Mattress maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 160 S Walker St Balto. Md.

Remarks,

CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-4-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Heise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child - 0591

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 6th 4:35 P.M. 1888

4. Place of Birth, (Street and Number) 2233 Jefferson St.

5. Full Name of Mother, Emma Belle Church Brady Heise

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Louis L. Heise

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Louis E. Daniels M.D.

Address, 1701 E. Balto. St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 0-0-92

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 6th 1888

4. Place of Birth, (Street and Number) Morling Ave Woodberry Balto Co

5. Full Name of Mother, Alice M Kemp

6. Mother's Maiden Name, " " Ford

7. Mother's Birthplace, Balto County Md

8. Full Name of Father, William A Kemp

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Tuttle M D,

Address, Woodberry Balto City

Remarks,

SEP 14 1888

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 6073

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 6 1898
4. Place of Birth, (Street and Number) 1923 Thorn St
5. Full Name of Mother, Augusta Sekbucker
6. Mother's Maiden Name, " " Sekbucker
7. Mother's Birthplace, Germany
8. Full Name of Father, William Sekbucker
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Kopitsch

Address, 207 S Washington St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 55941

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 6 Sep 1888
4. Place of Birth, (Street and Number) 703 N Wolfe st
5. Full Name of Mother, Stanistava Kmeciak
6. Mother's Maiden Name, " " " Selba
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Kmiecia
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kiplish

Address, 207 N Washington st

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 9 Child
1. Sex, (State whether male or female)	Male. Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	The 6 of Sept 1888
4. Place of Birth, (Street and Number)	No 1315 Eastern Ave
5. Full Name of Mother,	Marion Leibel
6. Mother's Maiden Name,	Marion Schenker
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Moritz Leibel
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 103 S Harford Ave
Remarks,	Bal Md
	1888

SEP 10 1888 BALTIMORE MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5696

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Sept. 6 1885.
4. Place of Birth, (Street and Number) 816. S. Charles St.
5. Full Name of Mother, Louisa Bittel.
6. Mother's Maiden Name, Pfeiffer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Joseph Bittel.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Lancaster.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarbrough.

Address, 15 E. Montgomery St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 6597
Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Sept 6th 1888 1026 N. Canal St.
4. Place of Birth, (Street and Number)	1028 N. Canal St.
5. Full Name of Mother,	Appolonia G. Rolle
6. Mother's Maiden Name,	Hartmann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Rolle
9. Father's Occupation,	Polisher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S. W. Feldner M.D.
Address,	S E Cor. Caroline & Eager Sts
Remarks,	

...jected to the fine of ten (10) dollars for each offence, to be recovered ... as other debts of like amount are recovered.

...00, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First and A 5578

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown

3. Date of Birth, 6th

4. Place of Birth, (Street and Number) Lillie June st

5. Full Name of Mother, alis Crogins

6. Mother's Maiden Name, alice Mason

7. Mother's Birthplace, Rockdale Montgomery Co (md

8. Full Name of Father, John Crogins

9. Father's Occupation, a Saleswer

10. Father's Birthplace, Eastindies

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address, 616 Clinton ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5599

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Sept 6
4. Place of Birth (Street and Number), 109. E. Mulberry St
5. Full Name of Mother, Mary Virginia Watts
6. Mother's Maiden Name, " " " Mackey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Walter Watts.
9. Father's Occupation, Porter
10. Father's Birthplace, South River Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs. Charity Jones

Address, 101 Mulberry Street

Remarks,

SEP 11 1889

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child 1888 5600

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th September 1888

4. Place of Birth, (Street and Number) Baltimore Md 1521 Gold St

5. Full Name of Mother, Ursa Wagner

6. Mother's Maiden Name, Ursa Lang

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Wagner

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Jean Krasinz

Address, No 424 South Ticken St Baltimore Md

Remarks, Mother and child are doing well

For each offense to be recovered as set forth in the ACT

SEP 12 1888

BUREAU OF VITAL STATISTICS

...., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 5601

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 6th
4. *Place of Birth (Street and Number),* 922 Argyle Ave. Baltimore
5. *Full Name of Mother,* Mary Helen Rupfert
6. *Mother's Maiden Name,* Heller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolphus E. Rupfert
9. *Father's Occupation,* Wholesale Liquors
10. *Father's Birthplace,* Philadelphia Penna

Name of Medical Attendant, or other person who makes this Return. Clarence K. Jennings

Address, 917 Argyle Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 5602

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Sept 6 1888

Place of Birth, (Street and Number) 518 Eutaw St

Full Name of Mother, Eleanora F Cahsey

Mother's Maiden Name, Eleanora F Cahsey

Mother's Birthplace, Prussia

Full Name of Father, Charles E Causey

Father's Occupation, Fireman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 210

Remarks, Wife Mary J Causey 203 Pearl Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. A 5603.

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Sep. 6th 1888.

4. Place of Birth, (Street and Number) 1019 Arlington Ave.

5. Full Name of Mother, Isolene Beinkamper.

6. Mother's Maiden Name, Glass.

7. Mother's Birthplace, Ky.

8. Full Name of Father, C. A. Beinkamper.

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Ga.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

BALTIMORE CITY REGISTRATION DEPARTMENT SEP 8 1888

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 5604

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
2. Sex, (State whether male or female)	Male
3. Race or color, if not of the white race)	White
3. Date of Birth,	1st of Sept 1888
4. Place of Birth, (Street and Number)	No 1006 Forest Place
5. Full Name of Mother,	Lizzie Galon
6. Mother's Maiden Name,	Lizzie Conroy
7. Mother's Birthplace,	Queen County Ireland
8. Full Name of Father,	Peter Galon
9. Father's Occupation,	Police
10. Father's Birthplace,	Lynchburg Va.
Name of Medical Attendant, or other person who makes this Return.	Jno F. Lucas
Address,	No 1025 Hanford Ave
Remarks,	Bal Md
	1888

SEP 10 1888 BALTIMORE

jected to the fine of ten (10) dollars for each offence, by [illegible] the and forfeitures are recoverable

CO., CITY PRINTERS AND STATIONERS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 26th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #9708l AND
ENDING WITH #A 5604 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul



END OF REEL